

Name
in
Full

Annie May Ackerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Berwyn

County

Baileys

MARYLAND

Date
of death

1906

Month

Sept

Day

28

Years

11

Months

—

Days

—

Sex

Female

Color or
Race

colored

Birth-
place

Ma

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Francis New



CAUSES OF DEATH

Primary

Acute Pulmonary Tuberculosis

How long

2 mos

Immediate

Culosis & Appendicitis

How long

Are the name, age, sex, color, date
and place correctly given above?

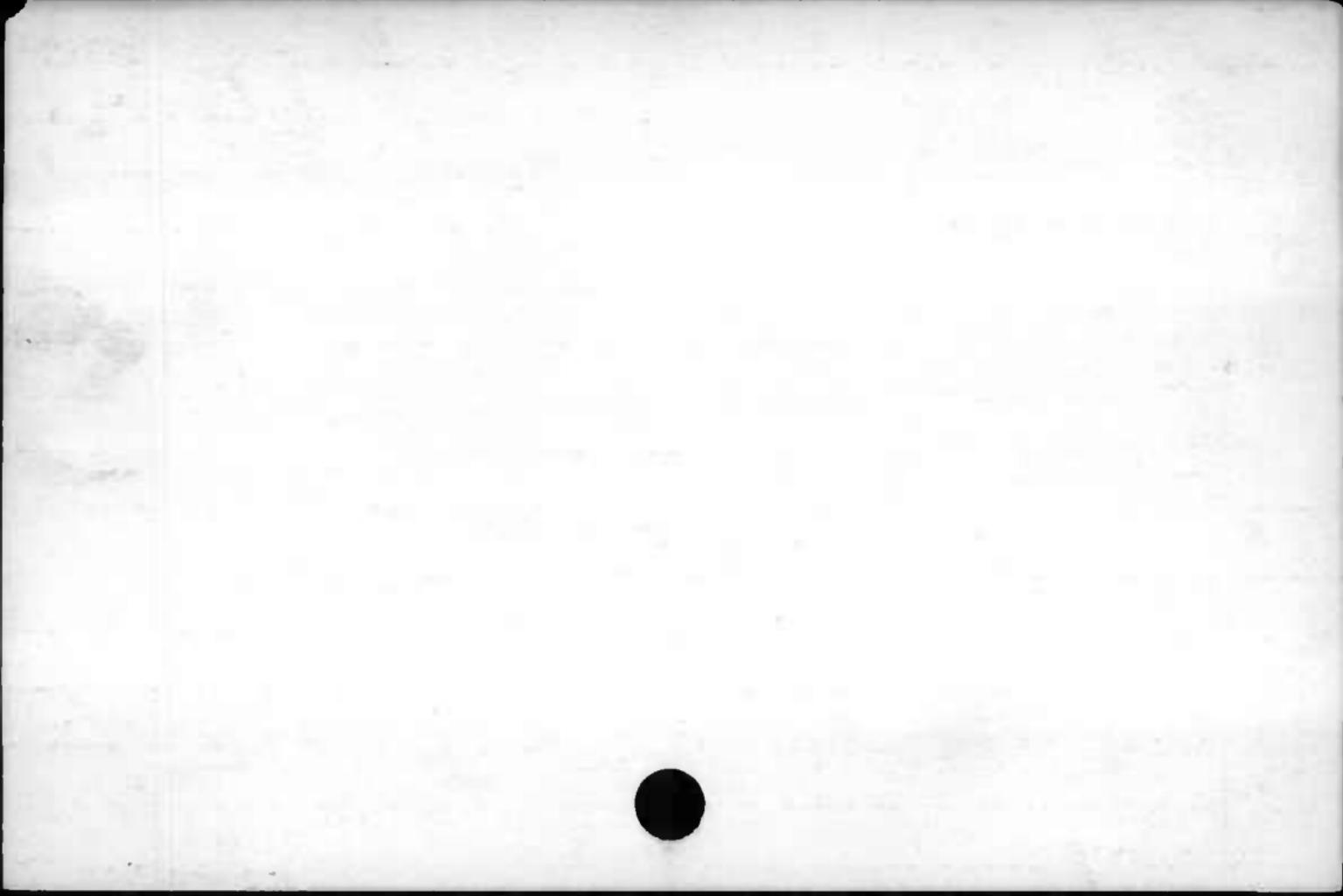
Signature of
Physician

Address

6 Wallace
Avenue

1

Accident or Suicide?



Name
in
Full

Francis H. Ady

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

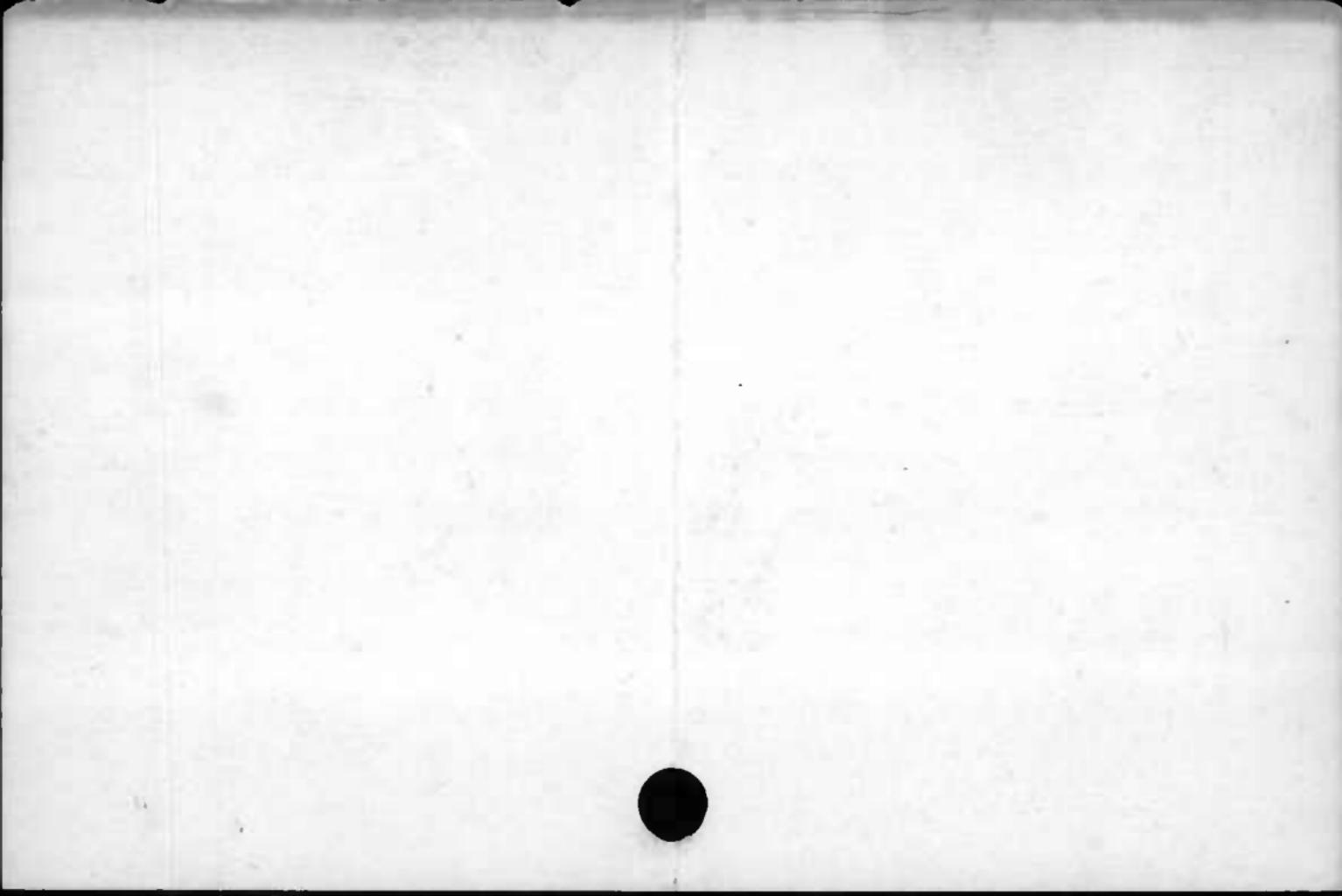
PHYSICIAN
OR CORONER

1

Died at	Town	County		MARYLAND	
Hoydes	Baltimore				
Date of death	Month	Day	Years	Months	Days
1906	Sept.	30 th	Age 25-	5-	5-
Sex	Male	Color or Race	white	Birth-place	Maryland
Occupation	Painter				
Married, Single or Widowed	Single				
Father's Name	Name of Wife or Husband				
Benj. W. Ady	Maryland				
Mother's Maiden Name	Annie C. Parlett				
Mother's Birthplace	"				
Name of person giving information	Annie E. Ady				
How related to deceased	Mother				

CAUSES OF DEATH

Primary	Tuberculosis "Pulmonary"	How long	6 mons
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. F. H. Gersbach
		Address	Fork —
Accident or Suicide?			Med -

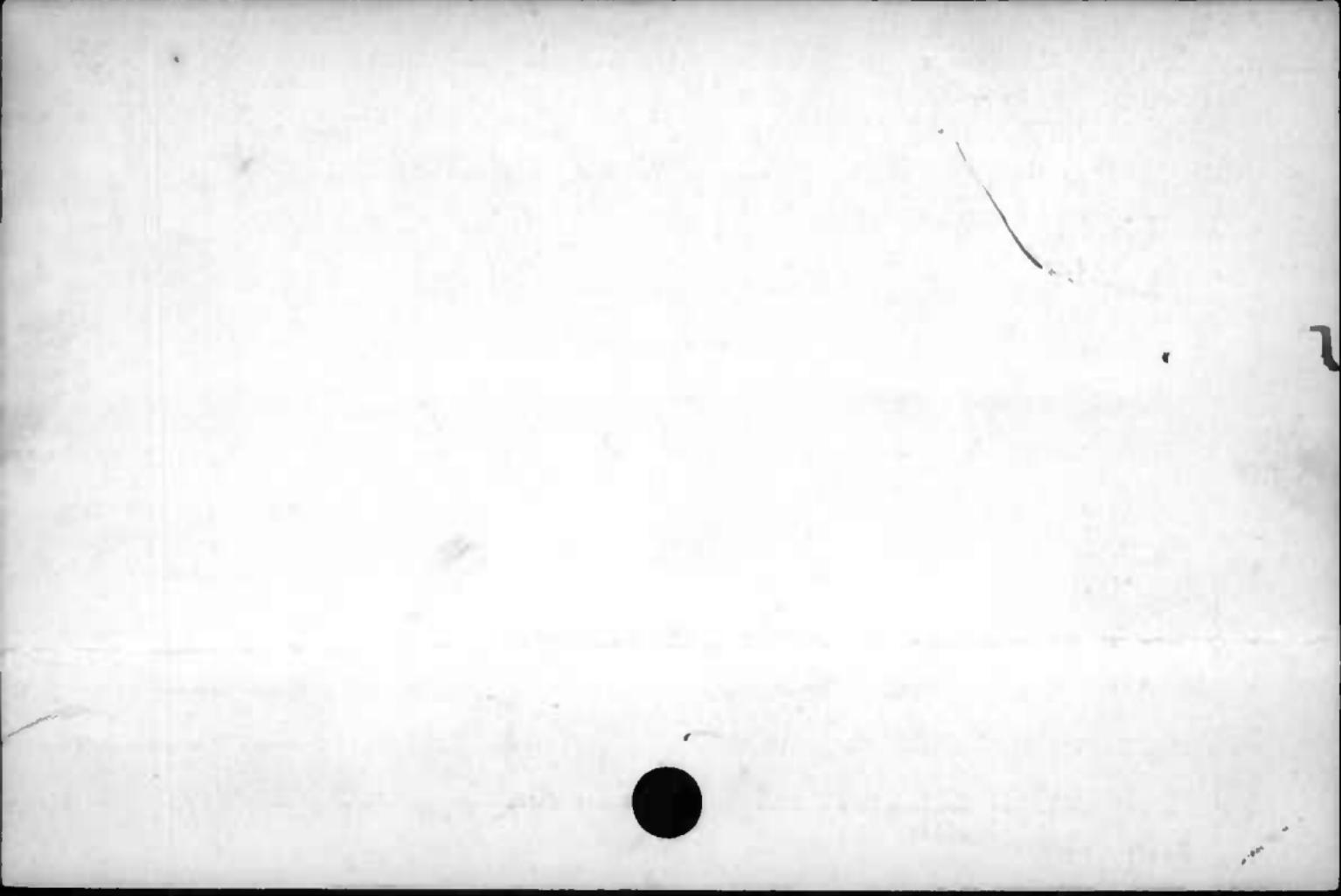


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH						
MARYLAND						
Died at	Town	County				
Date of death 1906	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	25	8	2	Balto Co.
Married, Single or Widowed	Occupation	Single	Student			
Father's Name	Franklin Almonoy			Father's Birthplace	Balto Co	
Mother's Maiden Name	Victoria Slade			Mother's Birthplace	Balto Co	
Name of person giving information	Victoria Slade			How related to deceased	Mother	
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis			How long	5 yrs	
Immediate	Intestinal Hemorrhage			How long	An hours	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Eugene M. Free		
			Address	Limestone Md 21090		
Accident or Suicide?						

1



Vesta Amy

Town

Arlington

County

Balto.

Died at

MARYLAND

Date 1906

Month Sept. Day 28

Age -

Y. -

M. -

D. -

Native of 40 hours

Balto. City

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Calvin L. Amy Jr.

Mother's

Edna R. Amy
Griffiths

Maiden Name

Cause of Death

Primary

Premature Birth

15

How long sick

Immediate

Aladusia

Lifetime

Accident, Suicide, Homicide

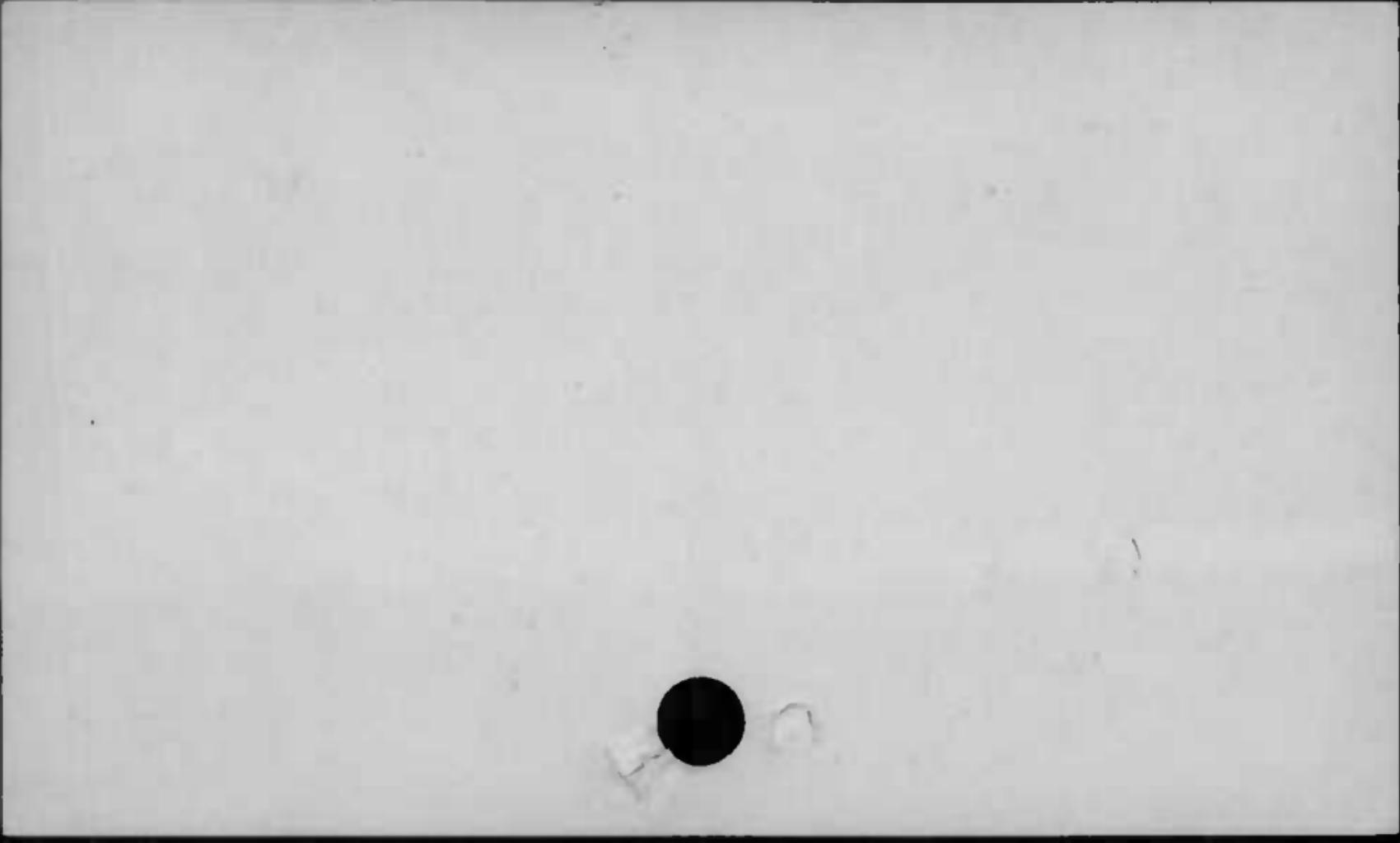
Reported by

Wm. Grant M.D.

2104 W. North Ave., Balto City



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Somerville Anderson				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death 1906	Month Sept.	Day 13	Years 57	Months	Days	
Sex Male	Color or Race White	Birth-place Md				
Married, Single or Widowed Widower	Occupation Electrician					
Name of Wife or Husband Virginia Russell Anderson						
Father's Name Joshua Anderson	Father's Birthplace Md					
Mother's Maiden Name Susan Phelps	Mother's Birthplace Md					
Name of person giving information Gordon Anderson	How related to deceased Son					

CAUSES OF DEATH

Primary

Contact with electric
light-wire.

How long

Immediate

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician or Coroner

Address

H. Holliday Enrich
Arlington, Md.

Accident or Suicide?

Permission given to remove
body by authority of Dr.
H. L. Naylor rec'd over
phone,

H. Holliday Enrich.

142² Lexington

Name
in
Full

Ella Edna Ayers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Summerfield			County	Baldo		
Died at	Month	Day	Age	Years	Months	MARYLAND	
Date of death 1906	Sept.	17	13		1	Days	19
Sex	Female			Color or Race	(Cal)	Birth-place	Red.
Occupation	Child			Where Residing if not at place of death Summerfield			
Single Widowed		Husband					
Father's Name	David Ayers			Father's Birthplace	Md.		
Mother's Maiden Name	Mary Jane Hawkins			Mother's Birthplace	Md.		
Name of person giving information	Mary Jane Hawkins Ayers			How related to deceased	Mother		

CAUSES OF DEATH

Primary

Typhoid fever



How long

8 weeks

Immediate

Uterine Hemorrhage

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Gay elis Guald.
Robson Md.

✓

Accident or Suicide?

Zion Cemetery
Long Green

John Burns Son
Treasurer

Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND



John H. Ball

CERTIFICATE OF DEATH

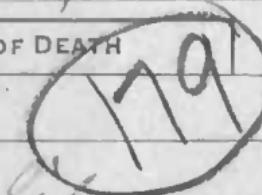
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robert L Ball		Father's Birthplace	Howard Co Md	
Mother's Maiden Name	Elizabeth Bushnell		Mother's Birthplace	Bald Md	
Name of person giving information	Robert L Ball		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypertension



How long

3 months

Immediate

General debility

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A.C. Smith

Woodlawn

Accident or Suicide?

Bridge Cemetery

Jos Block

Name
in
Full

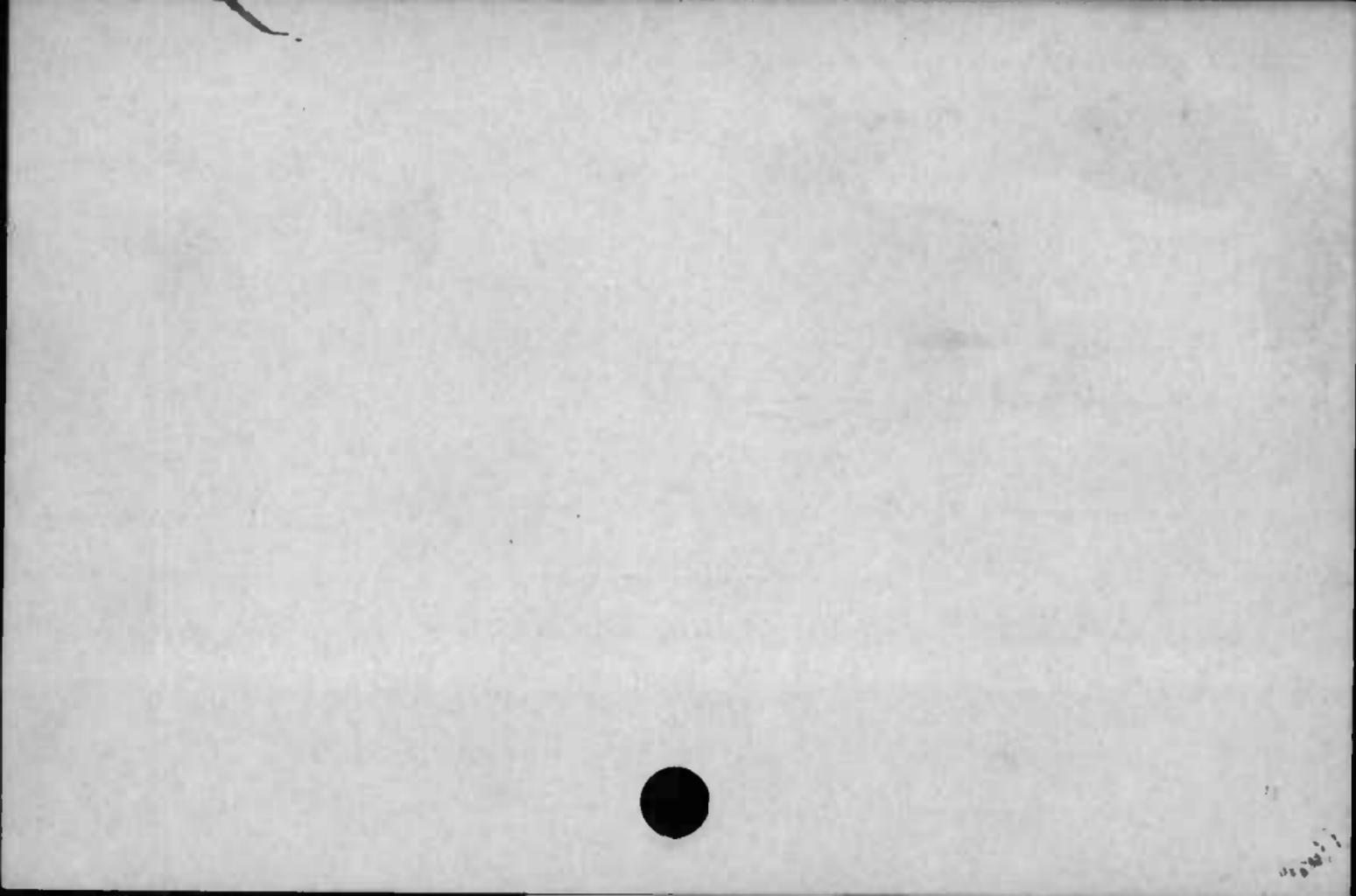
Alexander Ballantine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Highlandtown	Baltimore			
Date of death	Month	Day	Years	Months	Days
1906	9	27	11	5	13
Sex	Color or Race	White	Birth-place	Maryland	
Occupation	Where Residing if not at place of death			249 Lombard St Ex	
None					
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Alex G Ballantine				
Mother's Maiden Name	Clara Saunders				
Name of person giving information	Alex G Ballantine				
CAUSES OF DEATH					
Primary	Hemorages of Brain due to injury				
	How long 3 days.				
Immediate	Paralysis of heart				
Are the name, age, sex, color, date and place correctly given above?	Yes				
Signature of Physician		J. Schufried			
Address		1400 First St, Highlandtown			
Accident or Suicide?					



Name
in
Full

William Barnett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Where Residing If not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	William Barnett					Father's Birthplace	Baltimore Md
Mother's Maiden Name	Sarah Muliken					Mother's Birthplace	Baltimore Md
Name of person giving information	Henriette Luck					How related to deceased	Daughter

CAUSES OF DEATH

Primary

Old age

154

How long

2 years

Immediate

Exhaustion

How long

2 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. L. Deacon
Gorans Tavern

Md

Accident or Suicide?

Please grant permit
to bury in Mt Olivet
Cemetery City

Stewart & Moore Co.

Sept 29th 1906

Name
in
Full

Mrs. Frances Barrett /

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1906 Sept. 8		Age 70	Months	Days
Sex Female	Color or Race Negro	Birth-place		
Occupation house wife	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			
Anna Lenson				

CAUSES OF DEATH

Primary .

Nitral Insufficiency

How long

Several years

Immediate

Failure Compensation

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Lengard Whitford
Fullerton, Md.

To best of my knowledge

Accident or Suicide? _____

P
HYSICIAN
OR
CORONER
7

Ent Laurel Cent.
Belair Road
Geo W. Gramm
undertaker

Name
in
Full

Fredericks W. Bast

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Canton Town		Baltimore County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male		Color or Race	White		
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	John, Bast.		Father's Birthplace		Germany	
Mother's Maiden Name	Elizabeth Kutschensreuter		Mother's Birthplace		Germany	
Name of person giving information	John, Bast		How related to deceased		Father	

CAUSES OF DEATH

Primary	Diphtheria		⑨	How long	3 days.
Immediate	Cardiac Failure			How long	few hours.
Are the name, age, sex, color, date and place correctly given above?			Yes.	Signature of Physician	Dr. J. A. Glantz
				Address	41 Eastern Ave. Et.
Accident or Suicide?				LIBRARY BUREAU ASSETS	

PHYSICIAN
OR CORONER



Sacred Heart Cemetery

Sept. 20th 1906

Germanus France

End of later

Name
in
Full

Bellinger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Reservoir</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death 1906	Month <u>Sept</u>	Day <u>5</u>	Years <u>51</u>	Age <u>Sixty One</u>	Months <u>9</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>---</u>		Birth-place <u>Reservoir</u>		
Married, Single or Widowed <u>---</u>					Father's Birthplace <u>Md</u>	
Name of Wife or Husband <u>Katie Bellinger</u>					Mother's Birthplace <u>Md</u>	
Father's Name <u>Jesse Bellinger</u>					How related to deceased <u>none</u>	
Mother's Maiden Name <u>K. Brown</u>						
Name of person giving information <u>Franklin De Lark M.D.</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stillborn

How long ---

Immediate

How long ---

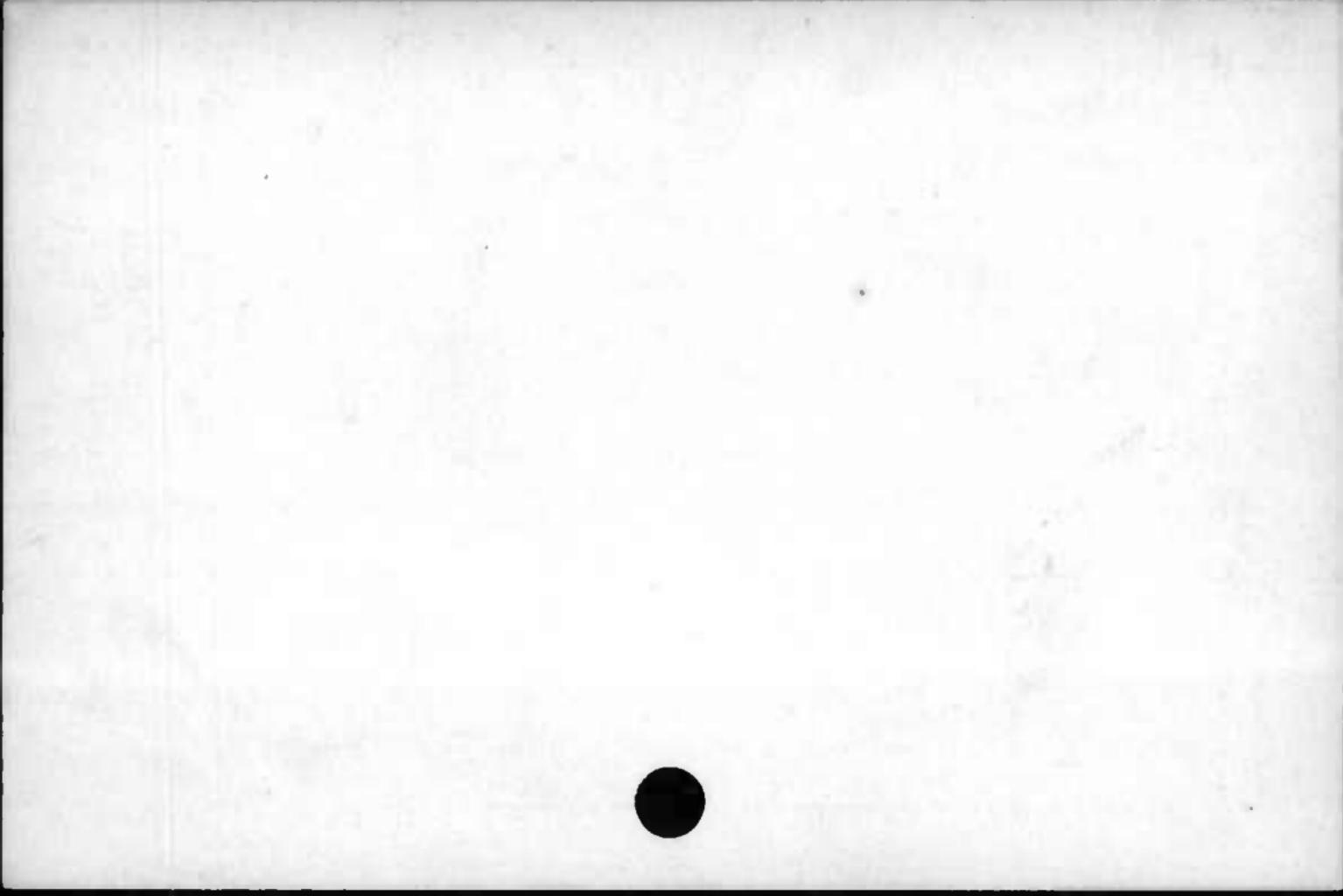
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Franklin De Lark

Address

Accident or Suicide?



Name
in
Full

Helen Rosella Bell

CERTIFICATE OF DEATH

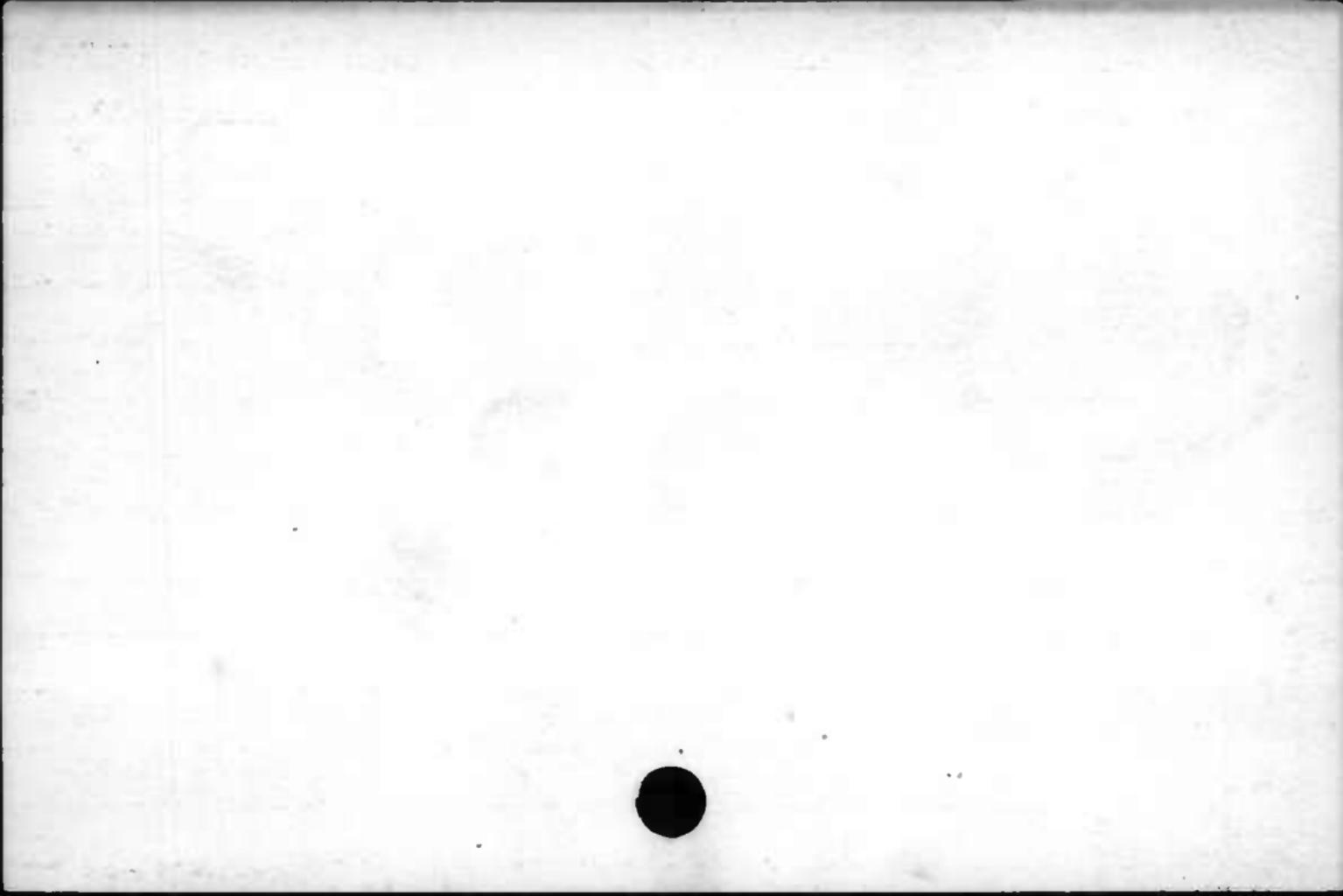
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Bentley	Baltimore		Months	Days
Date of death	Month	Age	Years	
1906	9	8	6	7 2
Sex	Color or Race	Birth-place	Bentley	
female	White		Bentley	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Louis H. Bell	Father's Birthplace	Ind	
Mother's Maiden Name	Zanya J. Mayhew	Mother's Birthplace	Ind.	
Name of person giving information	Louis H. Bell	How related to deceased	father	

CAUSES OF DEATH

PROFESSOR
HOSPITAL
CORONER

Primary	Typhoid fever	How long	4 weeks
Immediate	Intestinal Hemorrhage	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. R. York
		Address	Patton
Accident or Suicide?			



Name
in
Full

William Doyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton

County Baltimore

MARYLAND

Date of death 1906

Month Sept.

Day 10

Years 6

Months

Days

Sex Male

Color or Race

white

Birth-place

Baltimore Co. Md.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

singer

Name of Wife or Husband

Father's Name

John Doyer

Father's Birthplace

Md.

Mother's Maiden Name

Mary Schroll

Mother's Birthplace

Md

Name of person giving
Information

John Doyer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid fever

How long

18 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. W. Doyer
1120 Highland Avenue

PHYSICIAN
OR CORONER

I

Accident or Suicide?

Sacred Heart Cemetery

Sept. 12th 1906

Germanus Fransen

Undertaker

Name
in
Full

Emilie Boesch.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Highlandtown	Town	Baltimore	County	MARYLAND					
Date of death	1906	Month	9	Day	22	Years	Age	75	Months	Days
Sex	Female	Color or Race	34 white	Birth-place	Germany					
Occupation	Housewife		Where Residing if not at place of death		1301 Fifth St.					
Married, Single or Widowed	Widow	Name of Wife or Husband								
Father's Name			Father's Birthplace	Germany						
Mother's Maiden Name			Mother's Birthplace							
Name of person giving information	John. Boesch		How related to deceased	Son.						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy

64

How long

24 hours

Immediate

Exsanguination

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

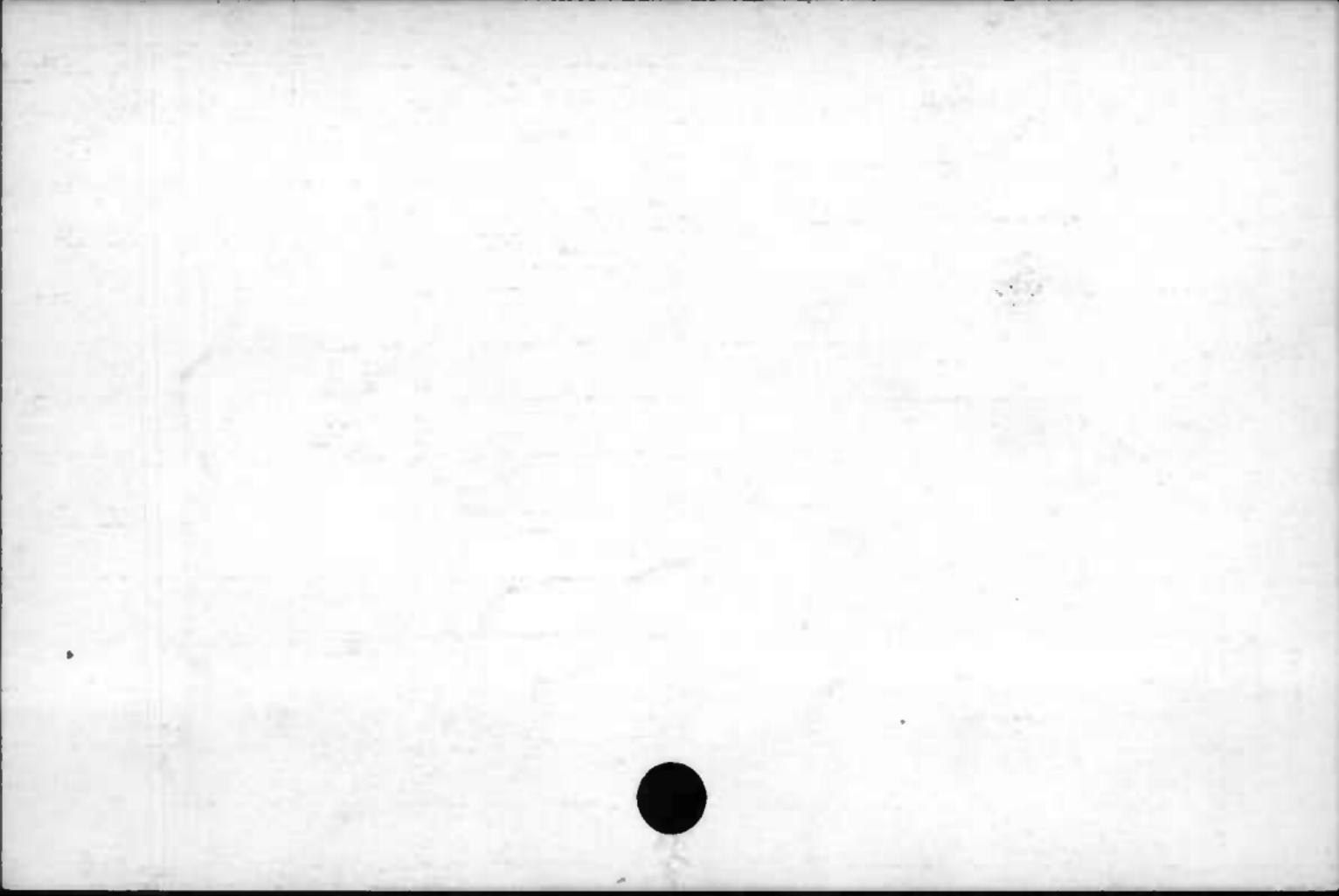
Jas. L. O'Malley M.D.

Address

3 and 1/2 story
Highlandtown

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town <i>Parkton</i>	County <i>Baltimore</i>	MARYLAND		
Date of death	Month <i>1906 9</i>	Day <i>29</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex	Color or Race <i>Female white</i>	Birth-place <i>—</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Bosley</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Alice, Operational</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Mother</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

Primary	<i>Result of fall from</i>	How long <i>—</i>
Immediate	<i>Mother 3 months gone</i>	How long <i>—</i>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

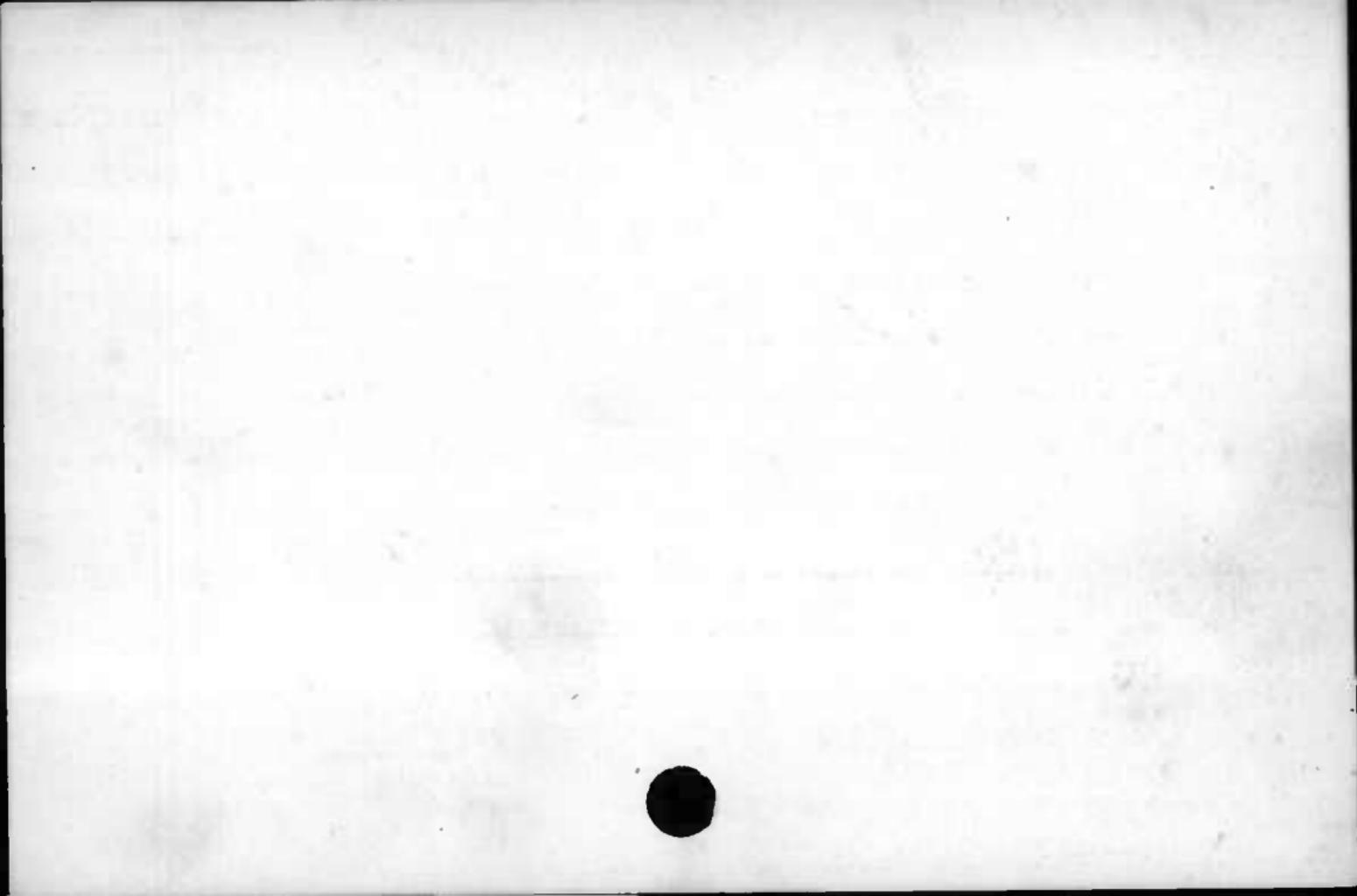
Signature of Physician

R. R. Morris

Address

Parkton

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Theodore Boyd

Note on back

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1906

September Sunday

Age

57

2

2

Sex

Color or
Race

Age

White

Birth-
place

Baltimore, City

Occupation

Father
Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Catherine Pines

Father's
Name

James H. Boyd

Father's
Birthplace

Baltimore City

Mother's
Maiden Name

Eliza F. Lazard

Mother's
Birthplace

" "

Name of Person giving
Information

Joseph Boyd

How related
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Intestinal hepatitis

How long

Indefinite

Immediate

Cardiac Insufficiency

How long

About 2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

L. Burton Shumon Jr.
Rider, Md.

1

Accident or Suicide?

Martin Fahy & Sons
Mount Maria Cemetery
Lansdowne

Body removed to church
without permit. Body in the
church when permit was R. C. Massenburg
applied for

Name
in
Full

Henry C. Braunschweiger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Baltimore	Baltimore				
Date of death	Month	Day	Years	Months	Days
1906	Sept.	3	45	6	25
Sex	Male	Color or Race	white	Birth-place	Germany
Occupation	Laborer		Where Residing if not at place of death	4 O'Donnell St.	
Married, Single or Widowed	Married	Name of Wife or Husband	Rosa A. Braunschweiger	Father's Birthplace	Germany
Father's Name	John Braunschweiger		Mother's Birthplace	..	
Mother's Maiden Name	Amie Bengel		How related to deceased	Wife	
Name of person giving information	Rose A. Braunschweiger				

PATRICK J.
MC GOWAN
CORONER

CAUSES OF DEATH

Primary

Drowning

W

How long

Immediate

yes

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

O. A. Dunnigan
203. Toomey St
Coroner

Accident or Suicide?

Accident

Trinity Cemetery

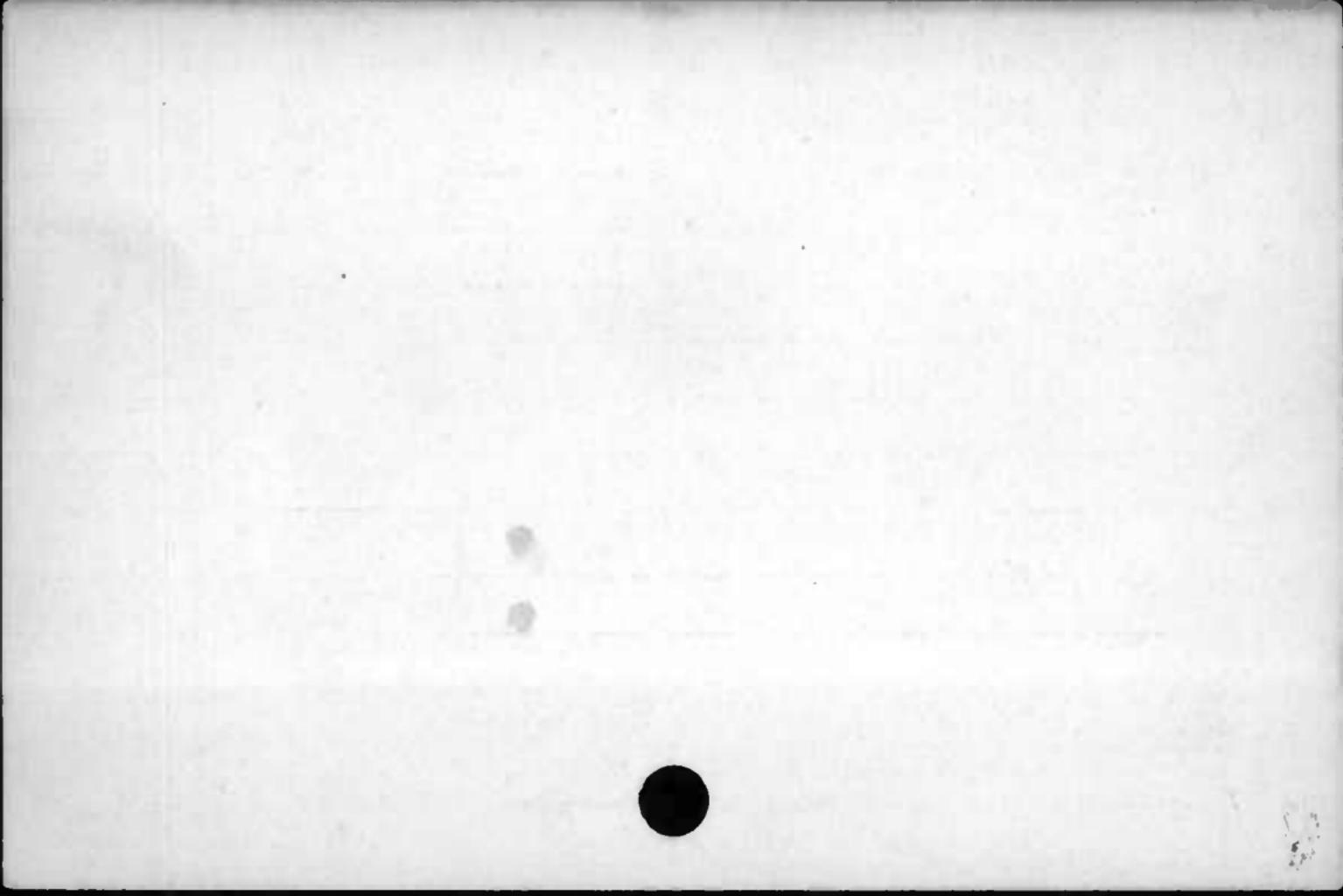
Sept. 5-1906.

Zirkler & Zirkler

1739 E. Eager St.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Date of death	1906	Month 9	Day 28	Age	Months	Days
Sex	Male	Color or Race	White	Birth-place	Washington	
Occupation	Where Residing If not at place of death					—
Married, Single or Widowed	Name of Wife or Husband					—
Father's Name	Fannie Birchhead					Maryland
Mother's Maiden Name	Elizabeth Miles					Maryland
Name of person giving Information	R.B. Traile					Maryland
CAUSES OF DEATH						
Primary	Still born					How long
Immediate	O					How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		A.T. Hedges	
			Address		56 E. City	
Accident or Suicide?						



Name
In
Full

Benjamin Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at Linwood	Baltimore	Months	Days
Date of death 1906 Sept	Month Day 18	Years	
Sex Male	Color or Race White	Birth-place	
Occupation Laborer	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name Unknown	Mother's Birthplace		
Mother's Maiden Name	How related to deceased		
Name of person giving information	✓ 15		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Probably over-dose Laudanum How long —

Immediate Open Paroxysm How long —

Are the name, age, sex, color, date and place correctly given above?

as for
Unknown

Signature of Physician

Dr. W. R. Duncan

Address

John D. C. Duncan
Coroner



Accident or Suicide?

Do not know

know

Geo J. Smith
1000 W. Fayette
removal to City

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Dora Brookford Bramford CERTIF
Town County

~~CERTIFICATE OF DEATH~~

Died at <u>Lansdowne</u>			County <u>Baltimore</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>9</u>	Day <u>29</u>	Age <u>26</u>	Years <u>26</u>	Months <u>5</u>	Days <u>20</u>	
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Md</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband <u>Wm. Brumford</u>						
Father's Name <u>Wm. Shaffer Holmes</u>	Father's Birthplace						
Mother's Maiden Name <u>Basa Pinder</u>	Mother's Birthplace						
Name of person giving Information <u>Wm. Brumford</u>	How related to deceased <u>Husband</u>						

CORONER

1

Primary	Consumption of Drugs	How long
Immediate	Exhaustion	3 mos
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	B. B. Ball, W. T. Williams
Accident or Suicide?	Address	

~~Nicholas Fyffe~~
~~Geo. Hooper.~~
W. B. F. J. S.

Name
in
Full

George C. Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Canton

County

Balto.

MARYLAND

Date
of death

1906

Month

Sept.

Day

16th

Years

1

Months

—

Days

3

Sex

Male

Color or
Race

White

Birth-
place

Balto Co.

Occupation

None

Where Residing if not
at place of death

1020 Bouldin St

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Edmund P. Brooks

Father's
Birthplace

Balto Md.

Mother's
Maiden Name

Annie S. Hannum

Mother's
Birthplace

Balto Md

Name of person giving
Information

Edmund P. Brooks

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dysentery



How long

two weeks.

Immediate

Asthma

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. L. Buske M.D.

Address

218 O'Donnell St
Baltimore, Md.



Accident or Suicide?

Sacred Heart. Gem

Sept 18th 1904

Fernande Tirance

Name
in
Full

Julia Andrews Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	New Jerusalem	St. Mary's			
Date of death	Month	Day	Years	Months	Days
1906	Sept	15	39	7	10
Sex	Female	Color or Race	white	Birth-place	Landon, Md.
Occupation	Housewife	Where Residing if not at place of death	Place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Garret Brown		
Father's Name	Edward R. Doole	Father's Birthplace	New Orleans		
Mother's Maiden Name	M. J. Troth	Mother's Birthplace	New Orleans		
Name of person giving information.	Garret Brown	How related to deceased	Son		

CAUSES OF DEATH

Primary

Gastric Ulcer

(103)

How long

several weeks

Immediate

Inflammation

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

V. A. S. Keyser

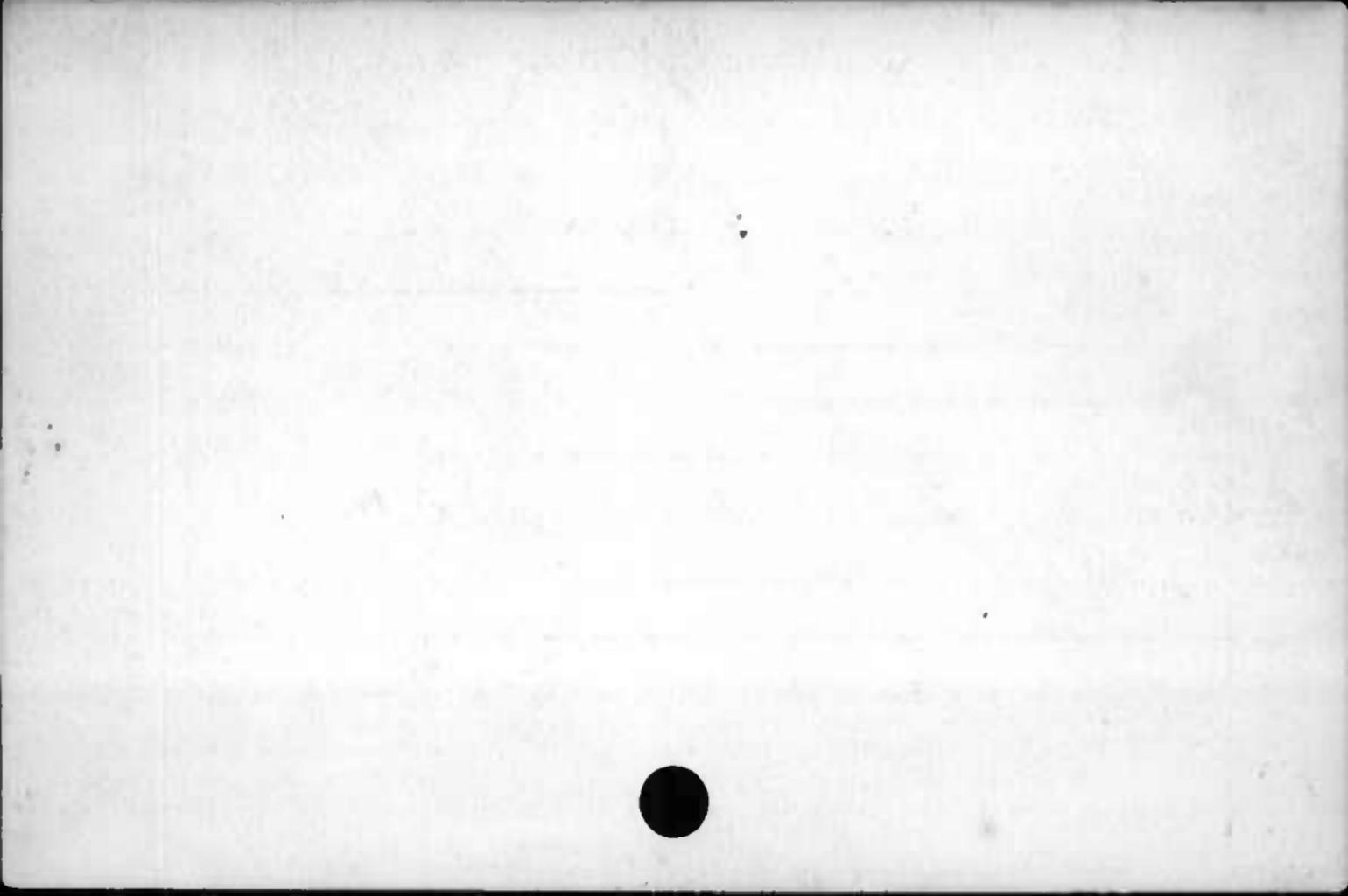
Franklinville

1

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
In
Full

Margaret Burbank

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James D. Burbank			Father's Birthplace	Baltimore
Mother's Maiden Name	Marion F. Stoll			Mother's Birthplace	Baltimore
Name of person giving information	James D. Burbank			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inanition

(15)

How long

Since birth

How long

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Alfred Mansfield M.D.

921 Cathedral St.

Accident or Suicide?



This is the one I
promised to forward
the one shipping to Balto

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Stanley Burns

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Place of death	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Burns			Father's Birthplace	Balto. Co., Md.
Mother's Maiden Name	Jane Ann. Barchinger			Mother's Birthplace	York Co., Pa.
Name of person giving information	Thomas Burns.			How related to deceased	Father

CAUSES OF DEATH

Primary

Acute Indigestion

How long

16 hrs.

Immediate

Toxidemia

How long

Are the name, age, sex, color, date and place correctly given above?

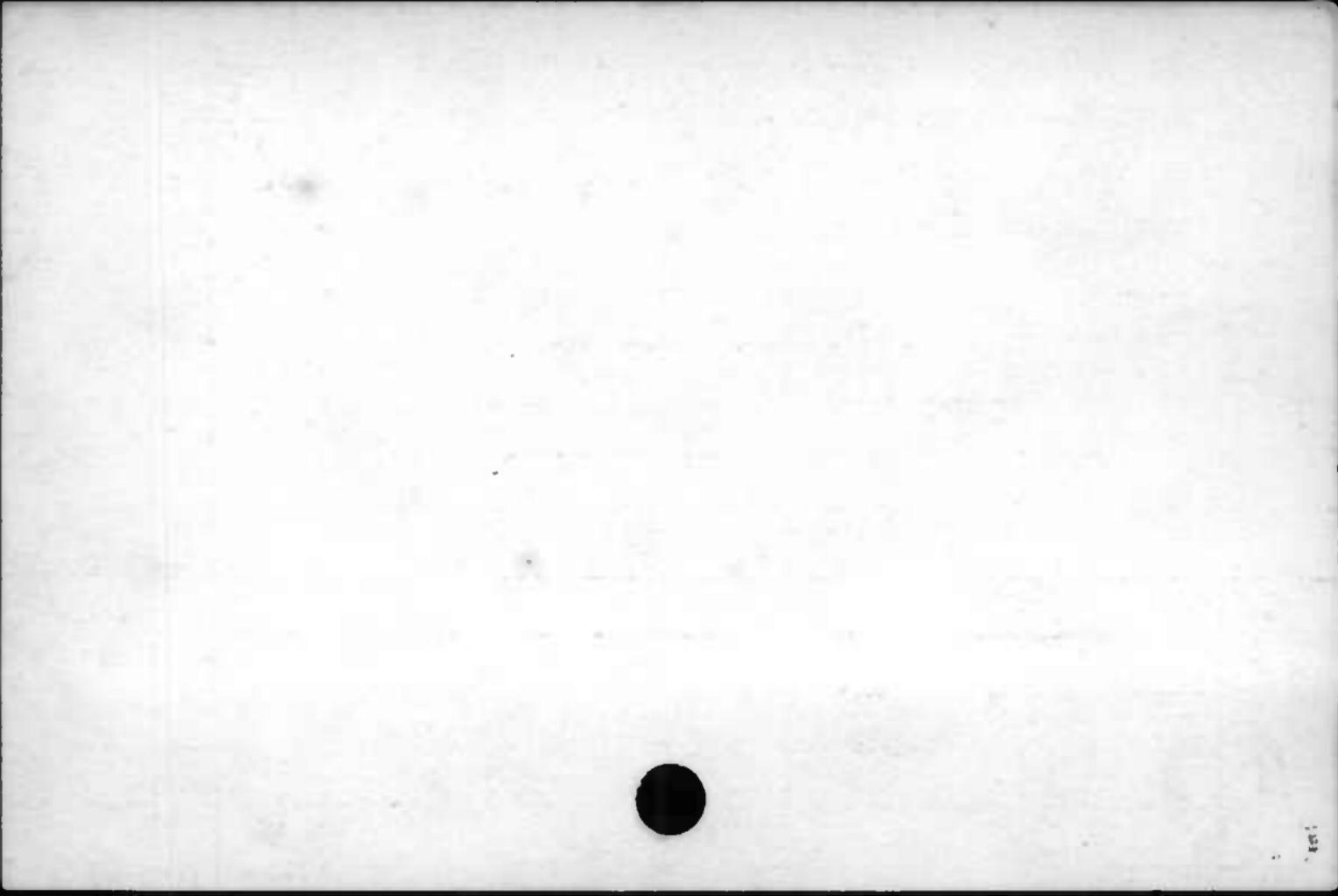
yes.

Signature of Physician

Address

J. Nelson Dunnick
Stewartstown
Pa.

Accident or Suicide?



Name
in
Full

Amie R Burton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	at Arlington			
Father's Name	Manuel Beck.		Father's Birthplace	Pa.	
Mother's Maiden Name	George Anna Bowen		Mother's Birthplace	Md.	
Name of person giving information	Clifford Burton		How related to deceased	Husband.	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis.	How long	4 months.
Immediate	Exhaustion	How long	10 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Nelbox wd
		Address	Arlington.
Accident or Suicide?			

1

Pleasant Hill Tenn.

Jos. Cook

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Oliver J. Burton

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Ballo.

County

Date

of death

1906 Sept.

Month

Day

Years

11

79

Age

Sex

Male

Color or
Race

White

Occupation

Farmer

Where Residing if not
at place of death

Birth-
place

Greenwood Ballo.
Co

Married, Single
or Widowed

Married

Name of Wife or
Husband

Francis P. Burton

Father's
Name

Samuel Burton

Father's
Birthplace

Mother's
Maiden Name

Francis V. Kirby

Mother's
Birthplace

Name of person giving
Information

Yettie S. Somelton

How related
to deceased

Ballo.
Daughter

CAUSES OF DEATH

Primary

acute indigestion

How long

two days

Immediate

acute indigestion

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. C. McCurdy

Address

1803 W Saratoga St
Baltimore

Accident or Suicide?

PHYSICIAN
OR CORONER



John Burrs Son
Towson

Vaugh Chapel
Cemetery
Greenwood Ball^o
Co.

Name
In
Full

Thomas Byrnes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
190	Sept	12 th	34
Sex	Male	Color or Race	White
Occupation	Carpenter		
Where Residing if not at place of death	New York		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name		Mother's Name	Mother's Birthplace
Name of person giving information		How related to deceased	

CAUSES OF DEATH

Primary

Dementia

68

How long

3 yrs

Immediate

Heart Failure during Choking spell

How long

Instantaneous

Signature of Physician

Address

L. B. Benson M.D.
Mt. Hope Md.

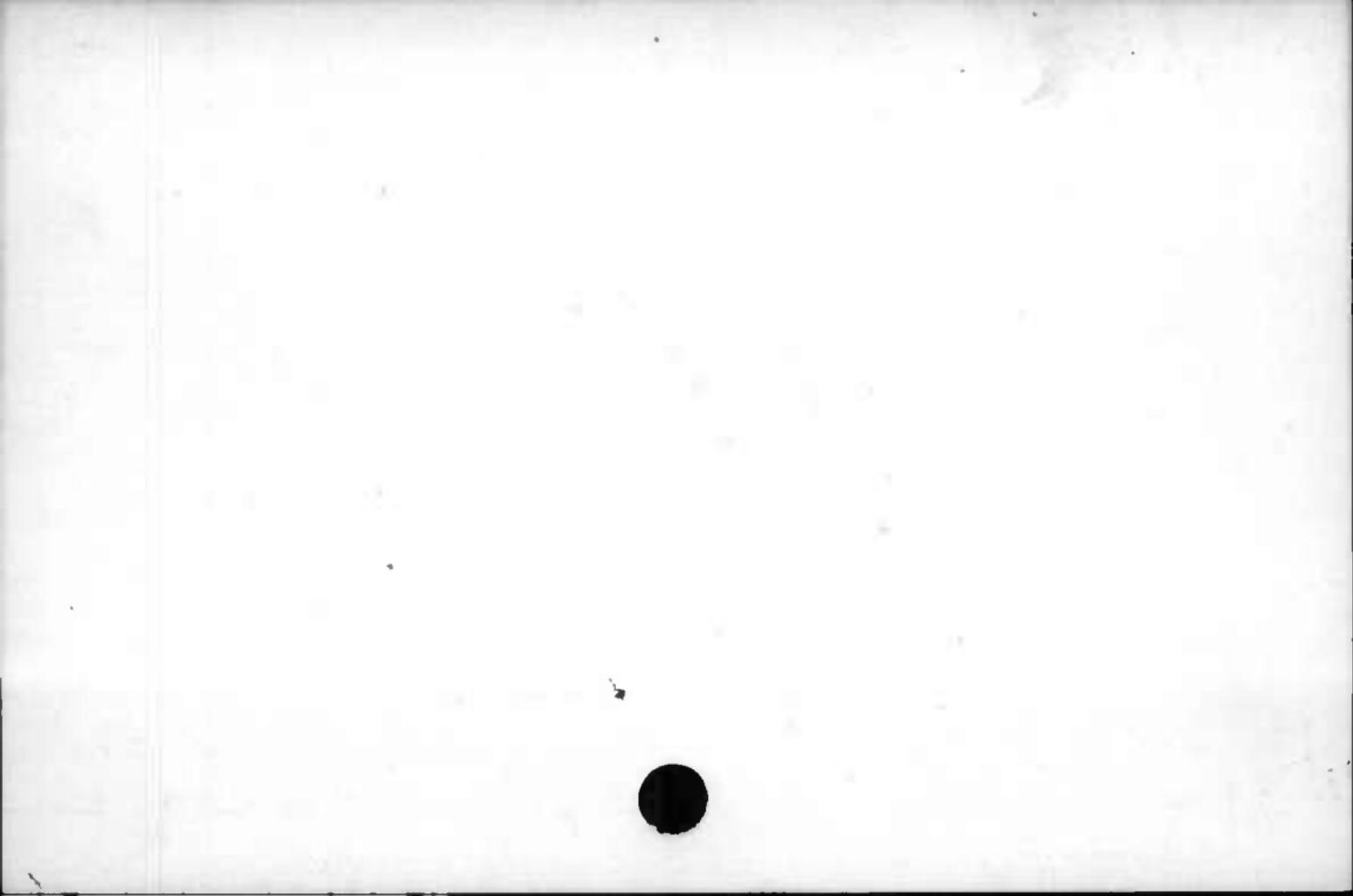
PHYSICIAN
OR CORONER

1

Are the name, age, sex, color, date and place correctly given above?

Accident - ~~Yes~~

Yes



Name
in
Full

John R. Carlin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

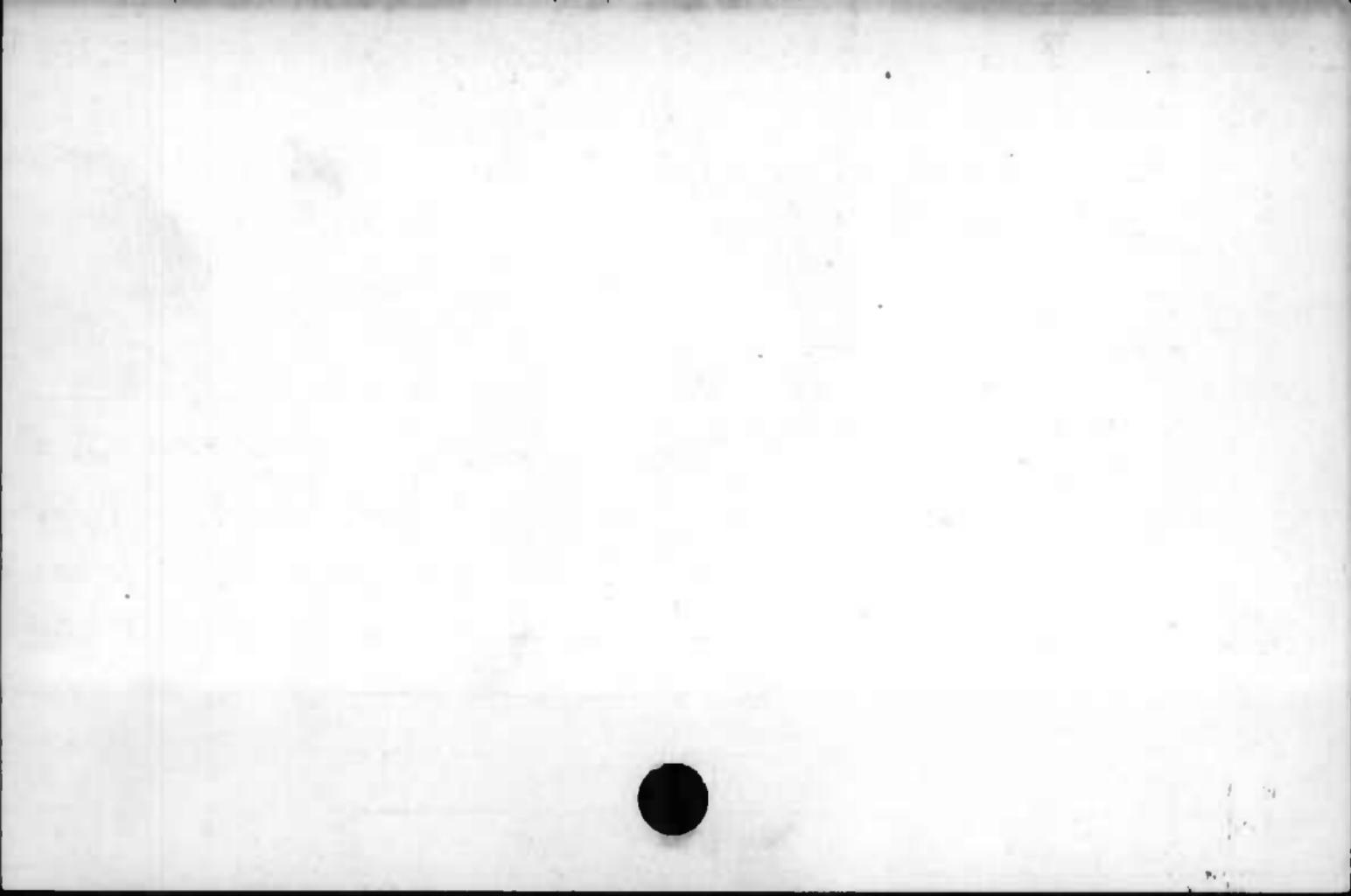
PHYSICIAN
OR CORONER



Town	County			MARYLAND	
Died at 1103 East Ave	Baltimore				
Date of death 1906	Month Sept	Day 3 rd	Years	Months 3 months	Days
Sex male	Color or Race White	Birth-place Baltimore County			
Occupation	Where Residing if not at place of death			110 3	East Ave
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name James Carlin				Father's Birthplace Pa.	
Mother's Maiden Name Mary Koch				Mother's Birthplace Baltimore County	
Name of person giving information James Carlin				How related to deceased Father	

CAUSES OF DEATH

Primary	Dysentery	(W)	How long Three weeks
Immediate	Althamia		How long one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. L. Burke M.D.	
		Address 218 Odomead St	
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Baby Carpenter.

Town Electric Park County Balt.

CERTIFICATE OF DEATH

MARYLAND

Died: Date of death 1906 Month Sept Day 23 Age Years
Sex Female Color or Race White Birthplace Months Days
25-08 York Road

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name or Wife or Husband —

Father's Name Chas. A Carpenter

Father's Birthplace Bristol Pa

Mother's Maiden Name Maggie Strouse

Mother's Birthplace Philada, Pa

Name of person giving Information Father

How related to deceased —

CAUSES OF DEATH

Primary

Premature Birth

How long 24 hrs old

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

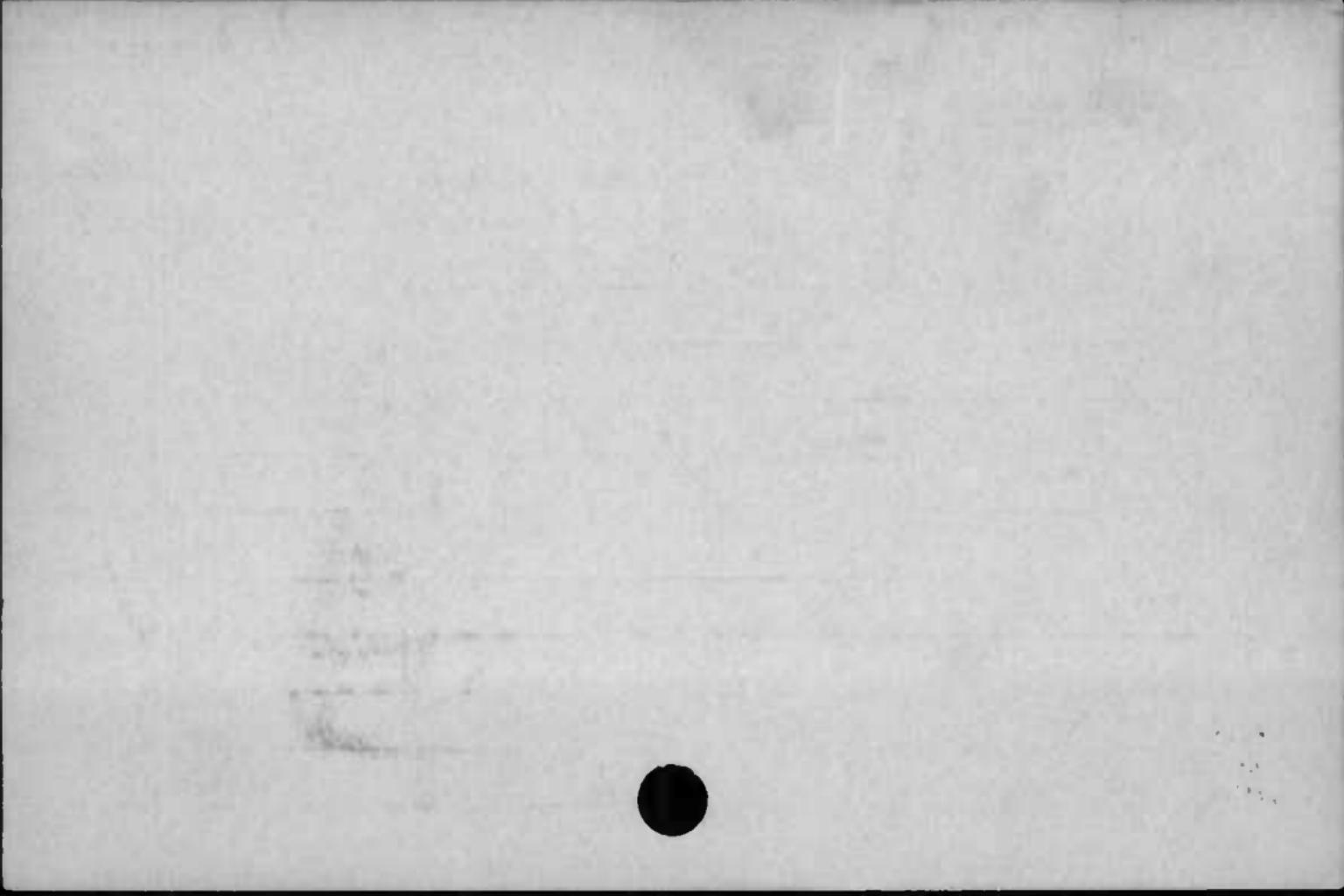
Dr. Fair

Address

12. E. 25th St.

Balt., Md.

Accident or Suicide?



Name
in
Full

Hattie Belle Cheatham

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

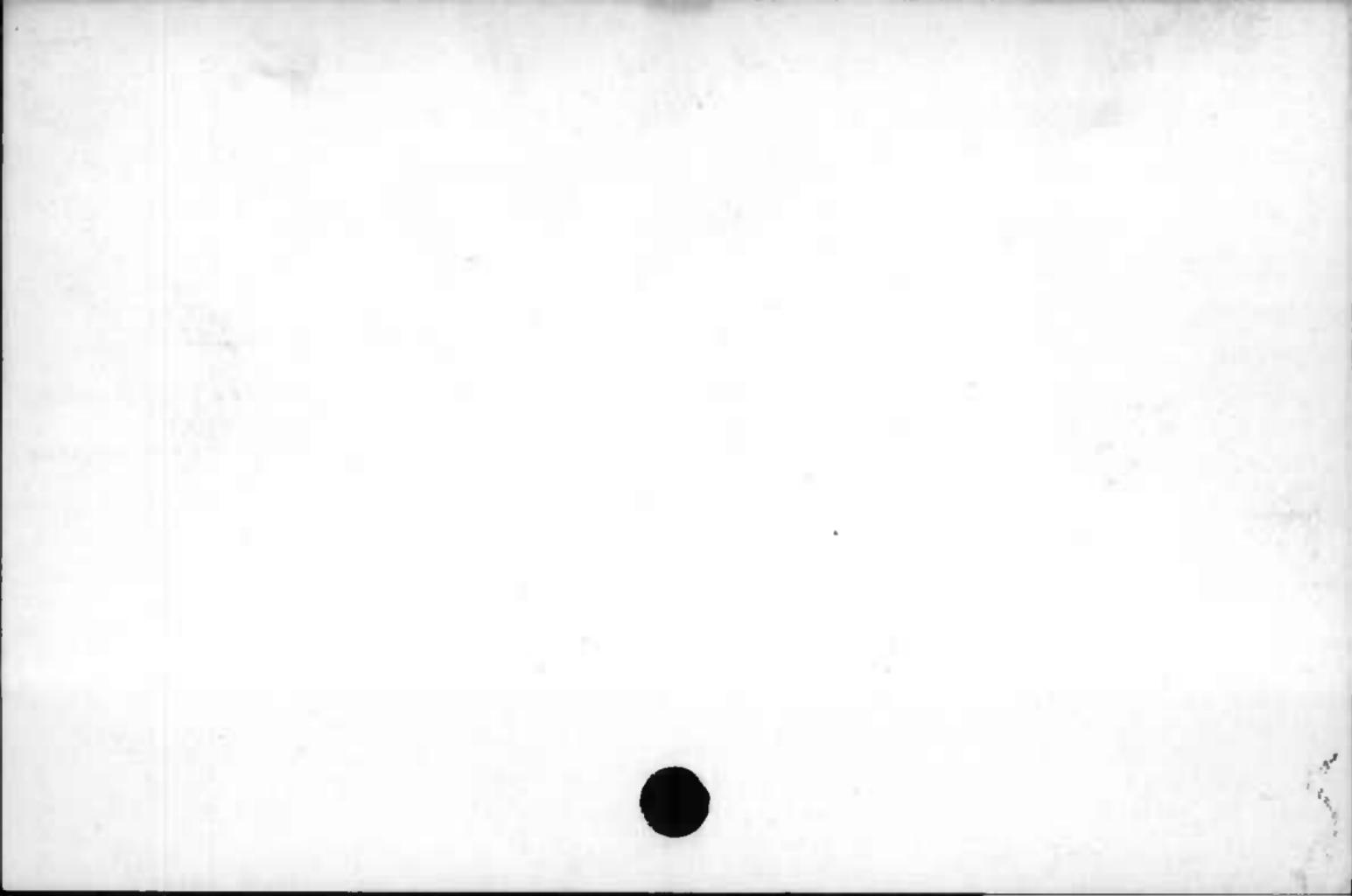
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	29	
Occupation	Housewife		Where Residing if not at place of death	Baltimore Co	
Married, Single or Widowed	Name of Wife or Husband		John C. Cheatham		
Father's Name	John Harris		Father's Birthplace	Md.	
Mother's Maiden Name	Julia Spriggs		Mother's Birthplace	Md.	
Name of person giving Information	John Cheatham		How related to deceased		

CAUSES OF DEATH

Primary	Typhoid Fever		How long	+ weeks
Immediate	Intestinal Hemorrhage		How long	17 hrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		J. R. Payne M.D.	
Yes	Address		Corbett Md.	
Accident or Suicide?				

PHYSICIAN
OR CORONER





Name
in
Full

Albert William Chase

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Woodlawn	Baltimore			
Date of death	Month	Day	Years	Months	Days
1906	Sept	12	Age 71	-	4
Sex	Male	Color or Race	(Eal)	Birth-place	Maryland
Occupation	Waiter	Where Residing if not at place of death	-	-	-
Married, Single or Widowed	Single	Name of Wife or Husband	-	-	-
Father's Name	Solomon Chase	Father's Birthplace	not known		
Mother's Maiden Name	not known	Mother's Birthplace	not known		
Name of person giving information	William J. Hall	How related to deceased	Nephew.		

CAUSES OF DEATH

Primary

Hemiplegia



How long

3 months.

Immediate

Affoplexy

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

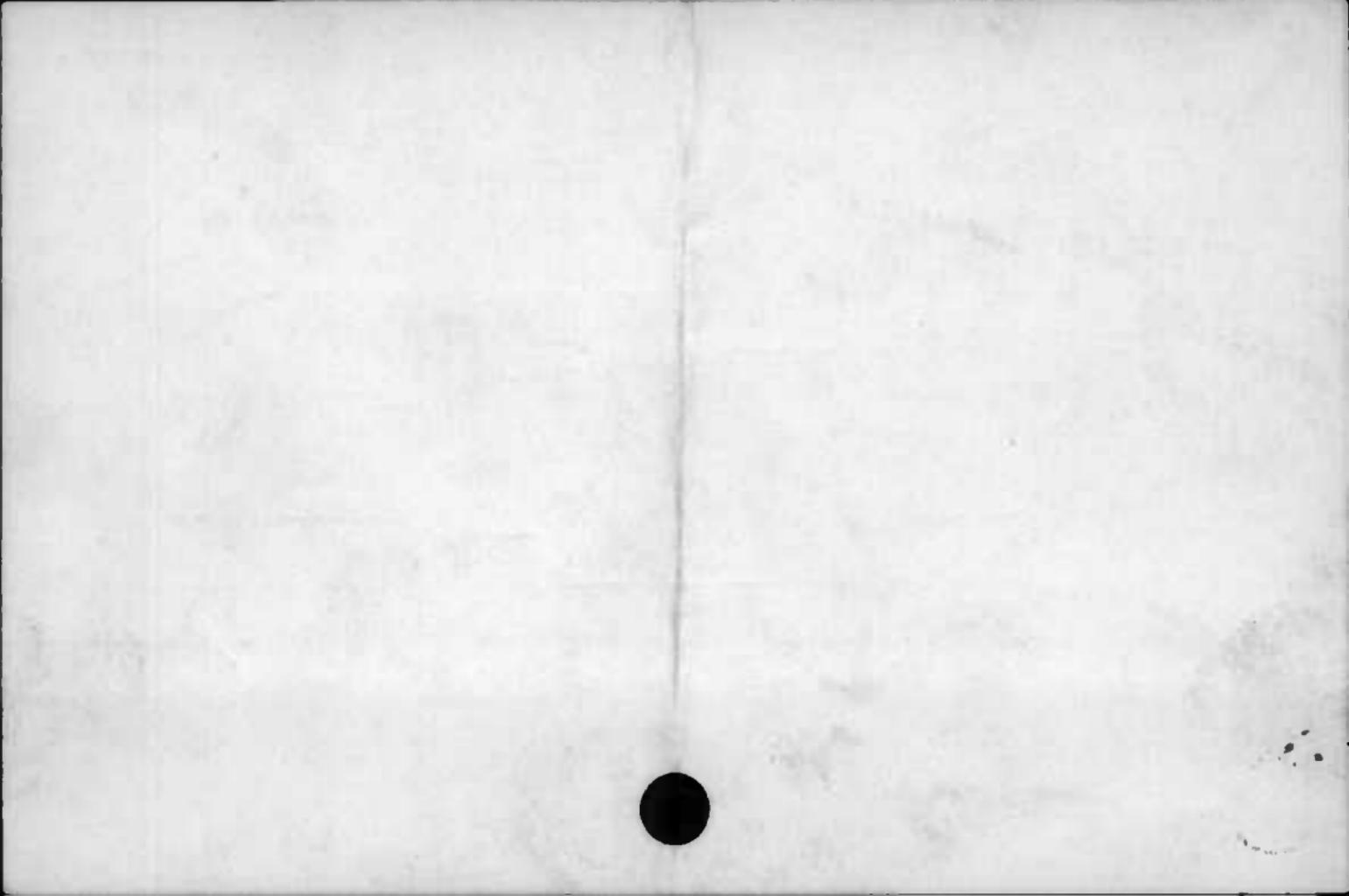
Address

P. P. Smith
Woodlawn Sto
Md

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Martin Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept.</u>	Day <u>21st</u>	Age <u>—</u>	Years <u>—</u>	Months <u>8</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Edward Clarke</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Carrie Behringer</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving Information <u>Carrie Behringer</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary

Insuition

(119)

How long

4 mos.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. Glantz
41 Eastern Ave St.

Address



Accident or Suicide?

Sacred Heart Cemetery

Sept. 22nd 1906

Germans France

Under later

Name
in
Full

Mary Cockey

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at West Arlington Town Baltimore County
Date of death 1906 Month Sept Day 18 Years
Age 81 Months 11 Days
Sex Female Color or Race white Birth-place West Arlington,
Occupation
Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Charles T. Cockey Jr.

Father's Birthplace

Baltimore

Mother's Maiden Name

Mary Cook

Mother's Birthplace

Baltimore

Name of person giving information

Charles T. Cockey Jr.

How related to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

11 days

Immediate

Spasms of respiratory muscles

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R.C. Hader Jr.

Address

57 E. City.

PHYSICIAN
OR CORONER

1

Accident or Suicide?

Undertakers
Stewart & Mowen Co.
215 Park ave
Baltimore Md
Interment etc
Druid Ridge Cemetery

Name
in
Full

Mrs Hattie Cooper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

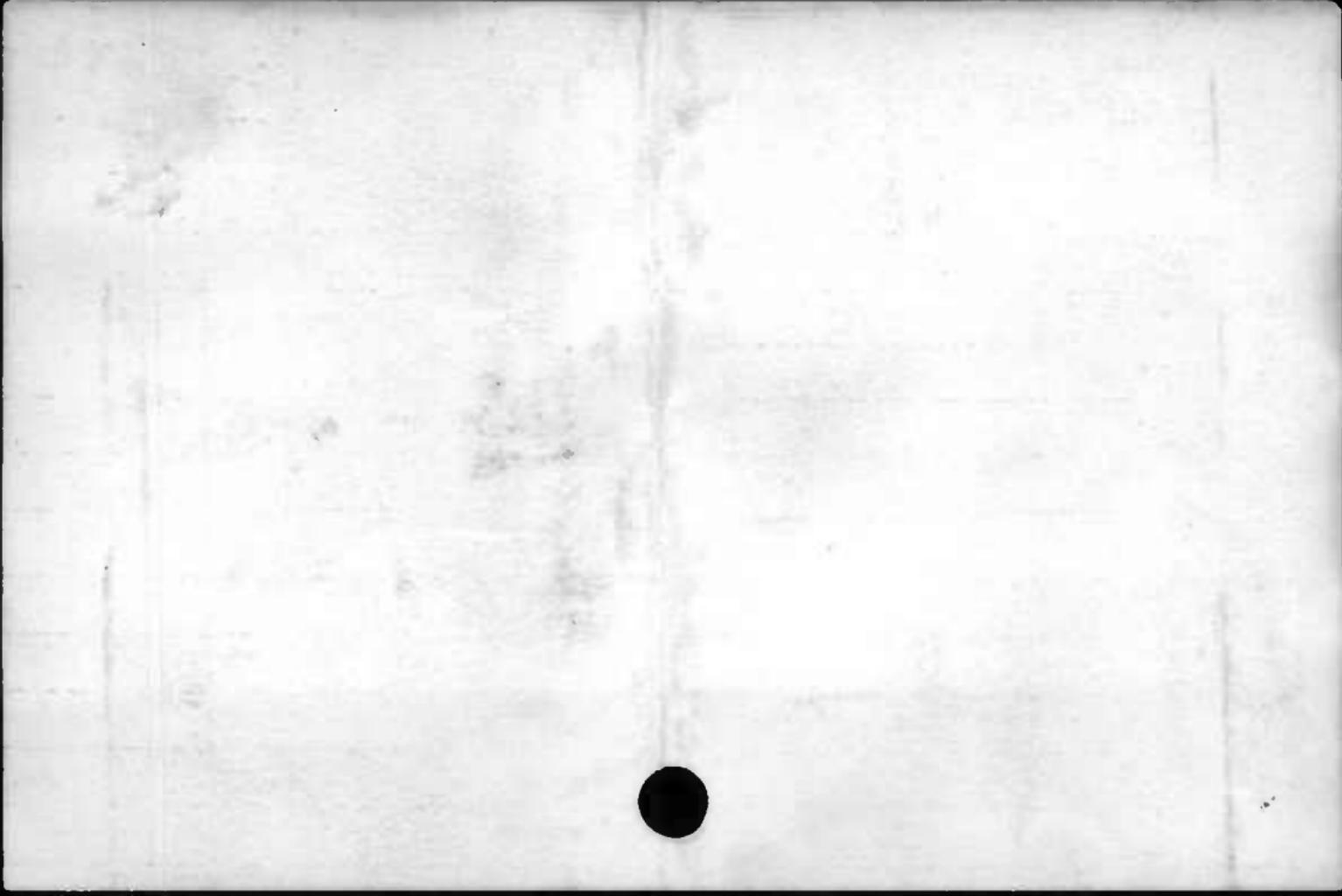
PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	O Henry Cooper			
Father's Name					
Mother's Maiden Name					
Name of person giving information					

CAUSES OF DEATH

Primary	Organic Heart disease		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
— yes	Address	Gruelace Rosswick Rd	
Accident or Suicide?	—		

I



Name
in
Full

Vernon E Coopers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
1906	Sept	2	—	2	16		
Sex	male	Color or Race	Colored	Birth-place	md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Jury Cooper					Father's Birthplace	md
Mother's Maiden Name	Belle Griffin					Mother's Birthplace	md
Name of person giving information	Jury Cooper					How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

I

Primary

Dysentery

(14)

How long

2 wks

Immediate

Asphyxia

How long

2 days -

Are the name, age, sex, color, date and place correctly given above?

yes

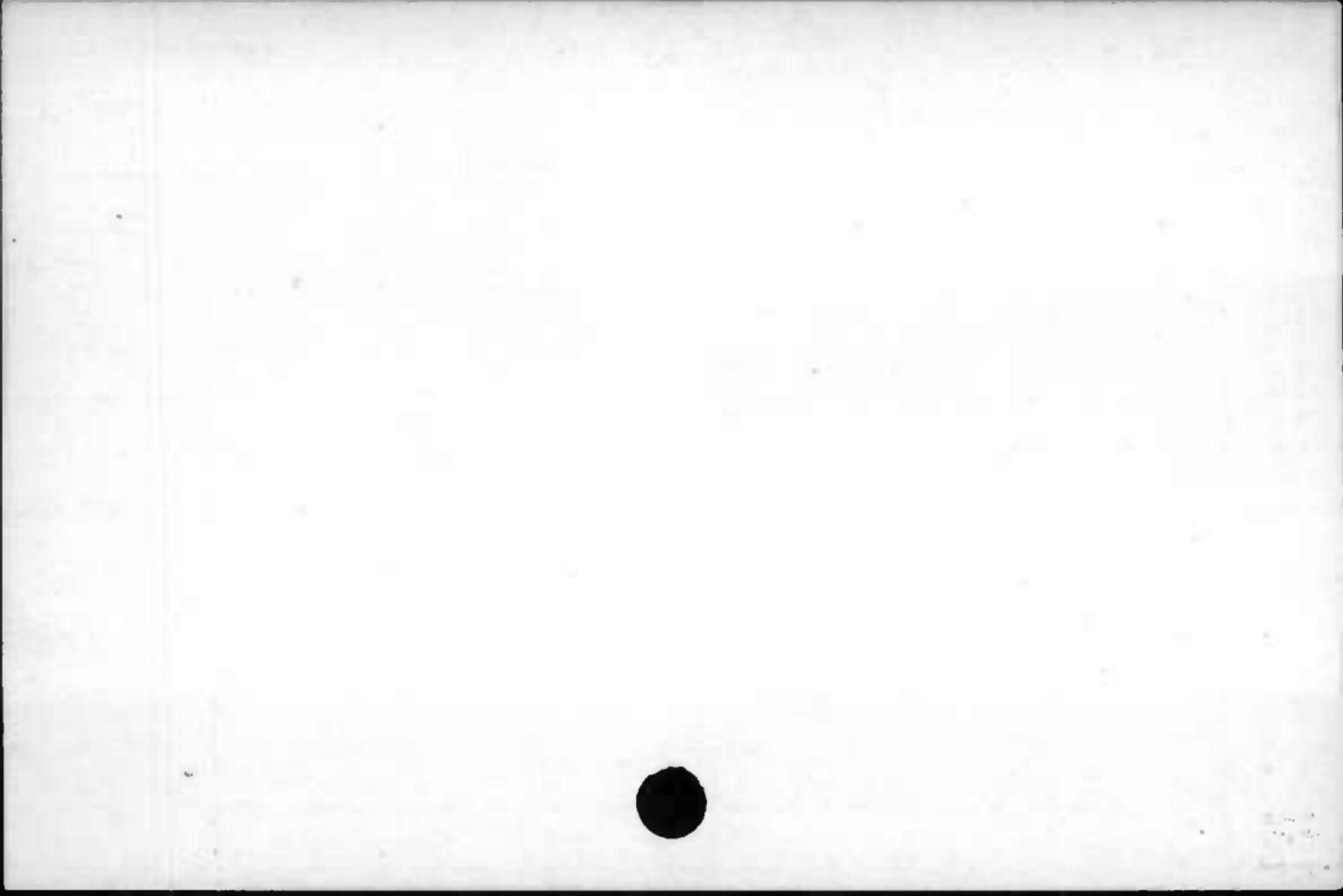
Signature of Physician

Donald Harrison M.D.
Medical Record M.D.

Address

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

Mathias D Coss

Town

County

Died at

Granby

Baltimore

MARYLAND

Date
of death

1906

Month

Sept

Day

13

Years

—

Months

—

Days

21

Age

Sex
maleColor or
Race

Black

Birth-
place

And —

Occupation

Where Residing if not
at place of death

Sam

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Daniel Coss

Father's
BirthplaceMother's
Maiden Name

Sarah Green

Mother's
BirthplaceName of person giving
Information

Jas Green

How related
to deceasedAnd
And
Grand Father

CAUSES OF DEATH

Primary

Premature delivery

How long

—

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John T Isaac

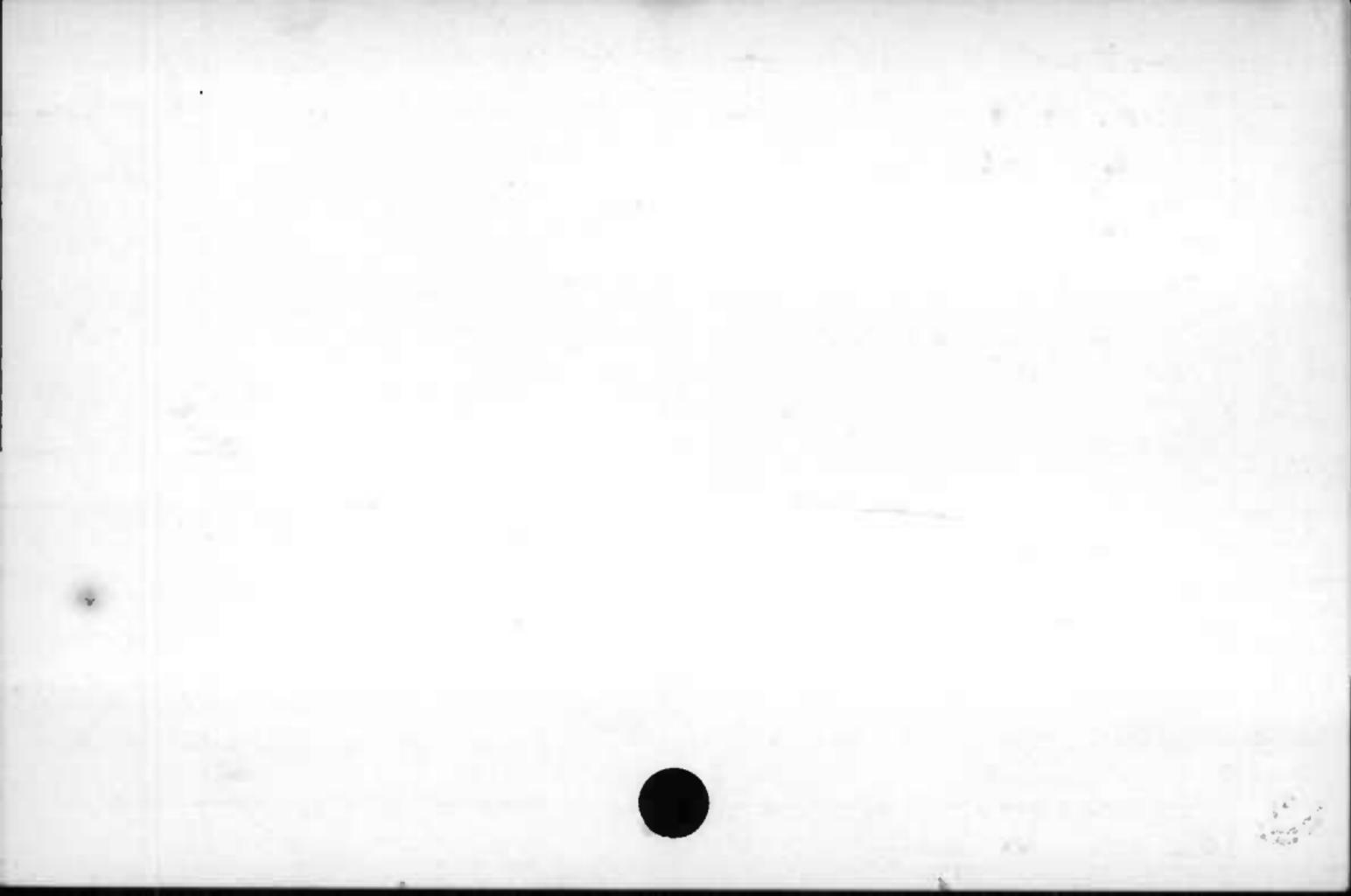
Corridor

Granby

And

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Patrick Cusack

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died et Date of death	Town Month	Day	County	MARYLAND
1906	Sept.	28	Age 40	Months Days
Sex Male	Color or Race	White	Birth- place	
Occupation Laborer	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name				Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving Information Jos Blair				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate Heart Exhaustion		How long

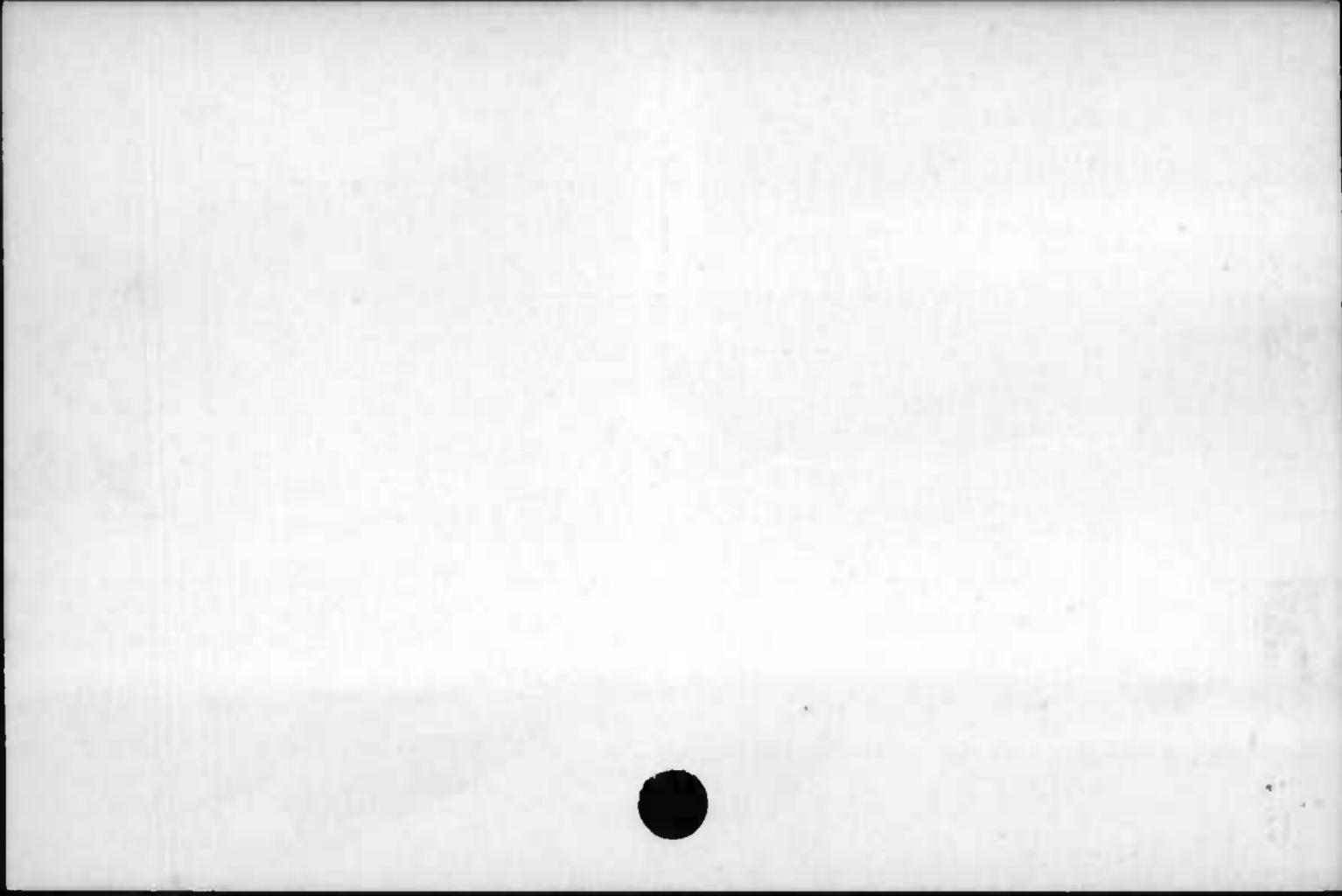
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Jos Blair J.P.
Sparrow Point
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John A. Daly

Died at

Town
Johns

Date

of death 190

Month

Sept

Day

1st

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Months

Days

Age

Years

74

Sex

Male

Color or
Race

White

Birth-
place

Pennsylvania

Occupation

Salesman

Where Residing if not
at place of death

Married

Widowed

Name of Wife or
Husband

PHYSICIAN
OR CORONER

Primary

Acute Mania + Paralysis

How long

Four weeks

Immediate

Exhaustion

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

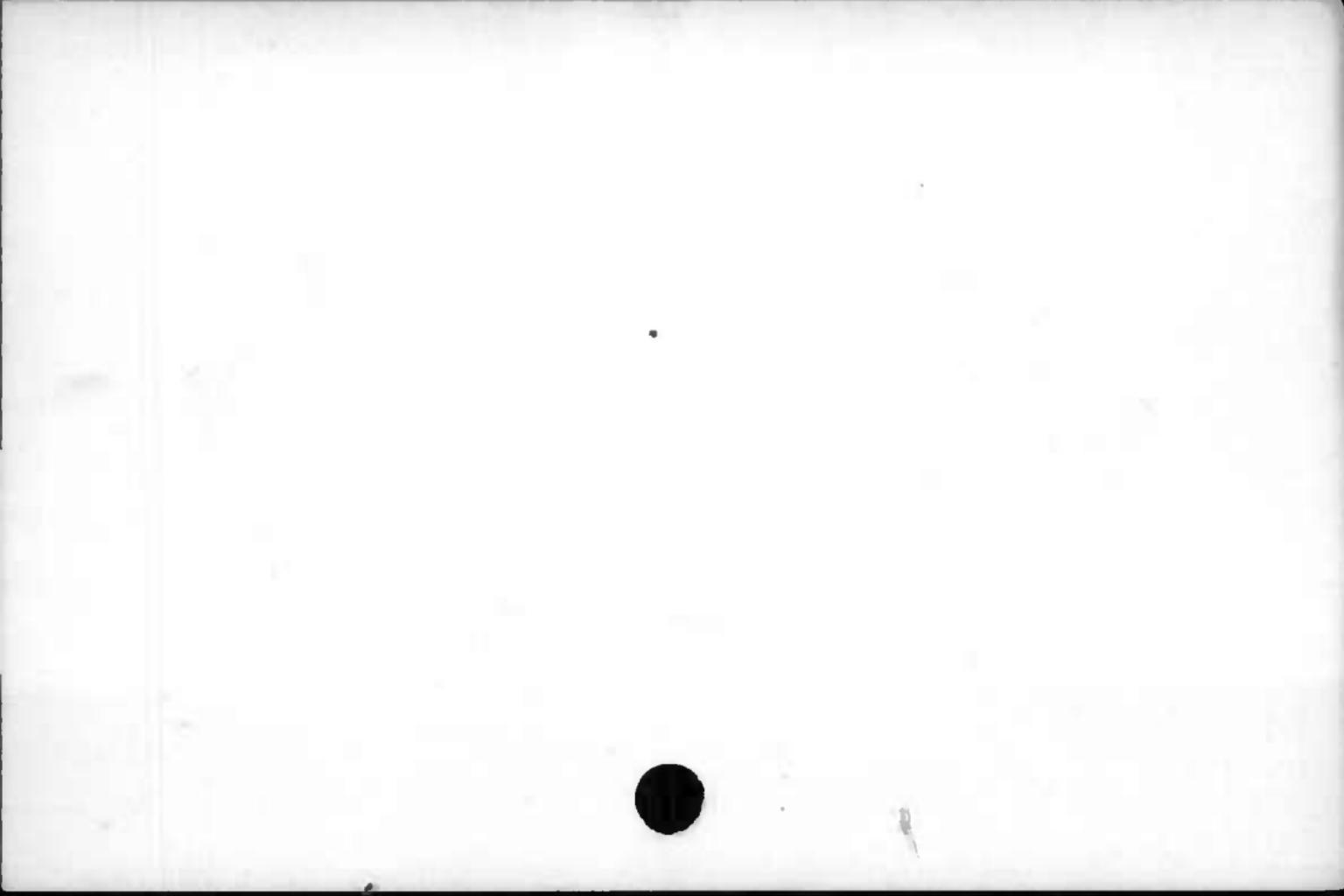
G.B. Eusoy

Mt. Hope

Mad

Accident or Suicide?

APO



Name
in
Full

Jarrett D. Davis

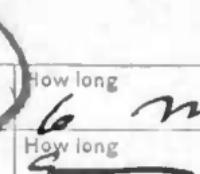
CERTIFICATE OF DEATH

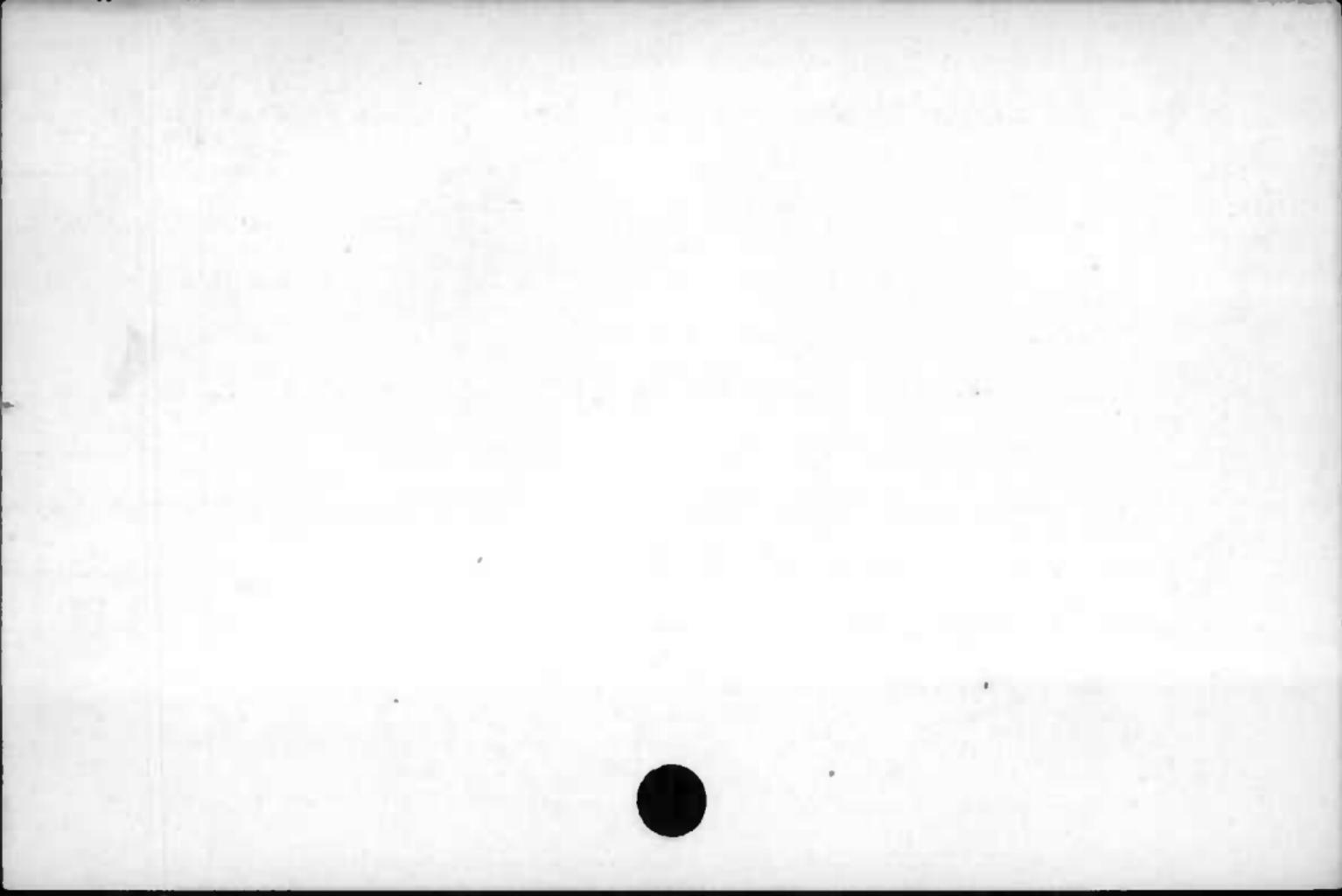
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Chattanooga</u>	County <u>Baltimore</u>			MARYLAND	
Date of death	Month 1906 9	Day 15	Age 21	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth- place	Md	
Occupation	Where Residing if not at place of death					
Married, <u>Single</u> <u>Widow</u>	Name of Wife or Husband					
Father's Name	<u>Jarrett Davis</u>					Father's Birthplace
Mother's Maiden Name	<u>Alice Bell</u>					Mother's Birthplace
Name of person giving Information						How related to deceased

PHYSICIAN
OR CORONER



CAUSES OF DEATH						
Primary	<u>Phtisis Pulmonalis</u> 					How long <u>6 mos</u>
Immediate	<u>Exhaustion</u> 					How long <u>9</u>
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Address	
			<u>Morris Taylor</u>		<u>Potterville Md</u>	
Accident or Suicide?						



Name
in
Full

Grace Davison

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County			
Date of death	Month	Day	Years	Months	Days	
1906	Sept	19	Age 20	11	13	
Sex	Female	Color or Race	White	Birth- place	Balto. Md.	
Occupation	None	Where Residing if not at place of death		Place of residence		
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Calvin T. Davison		Father's Birthplace	Balto. Md.		
Mother's Maiden Name	Grace W. McDowell		Mother's Birthplace	N.Y.C.		
Name of person giving Information	Chas. William Miller		How related to deceased	Brother-in-law		

CAUSES OF DEATH

Primary

Syphilitic Jerry



How long

7 weeks

Immediate

Anæmia, Convalescent

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. Davison
320 North Ave

1

Accident or Suicide?

Mr. G. C. Harrison,
3 W. Ninth Ave.

P. D.

Henry W. Jenkins & Sons. Co.

Druid. Ridge Tenn.

Sat. Sept 22nd /06

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mary Day
Medicine

County
Balt

MARYLAND

Died at	Town	Month	Day	Years	Months	Days
Date of death	1906	9	4	—	10	9

Sex	Female	Color or Race	white	Birth-place	—
-----	--------	---------------	-------	-------------	---

Occupation	—	Where Residing if not at place of death	—
------------	---	---	---

Married, Single or Widowed	—	Name of Wife or Husband	—
----------------------------	---	-------------------------	---

Father's Name	Samuel Day	Father's Birthplace	Md
---------------	------------	---------------------	----

Mother's Maiden Name	Olive Day	Mother's Birthplace	Md
----------------------	-----------	---------------------	----

Name of person giving information	Henry Day	How related to deceased	Grand Father
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CAUSES OF DEATH

105

Primary	Gastro enteritis acute	How long	6 days
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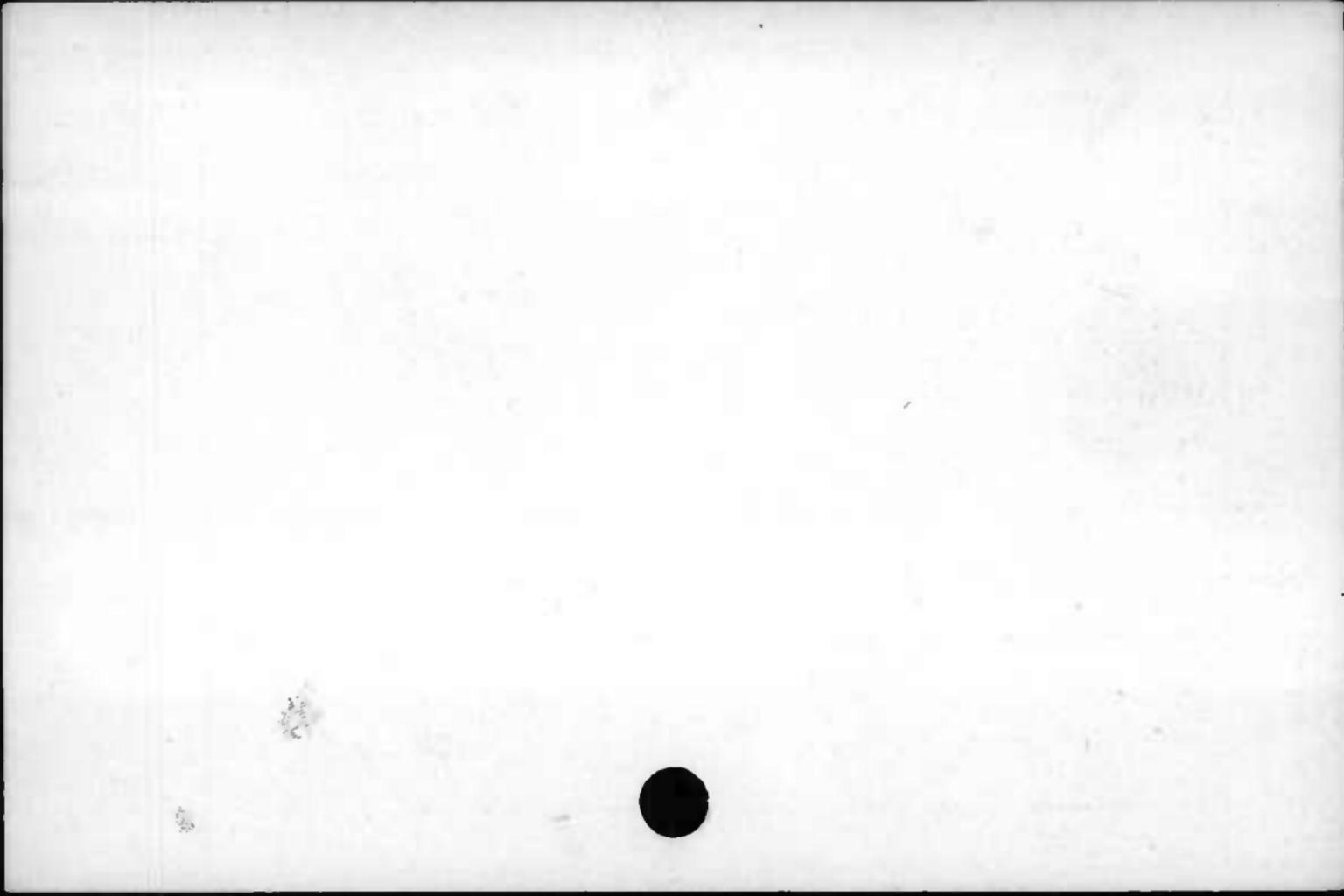
Immediate	Meningitis acute	How long	2 days
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Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R R Harris
--	-----	------------------------	------------

Address

Parkton
Md

Accident or Suicide?



Name
in
Full

Andrew Döhler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Keydes	Town	Döhler	County	MARYLAND
Date of death	1906	Month	9	Day	17
Age	76	Years	6	Months	Days
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret - Döhler	Mid.	
Father's Name	Matthew Döhler	Father's Birthplace			
Mother's Maiden Name	Margaret - George	Mother's Birthplace			
Name of person giving information	Henry Döhler	How related to deceased			

CAUSES OF DEATH

Primary

Liver disease & prophy

(114)

How long

about 10 mos

How long

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

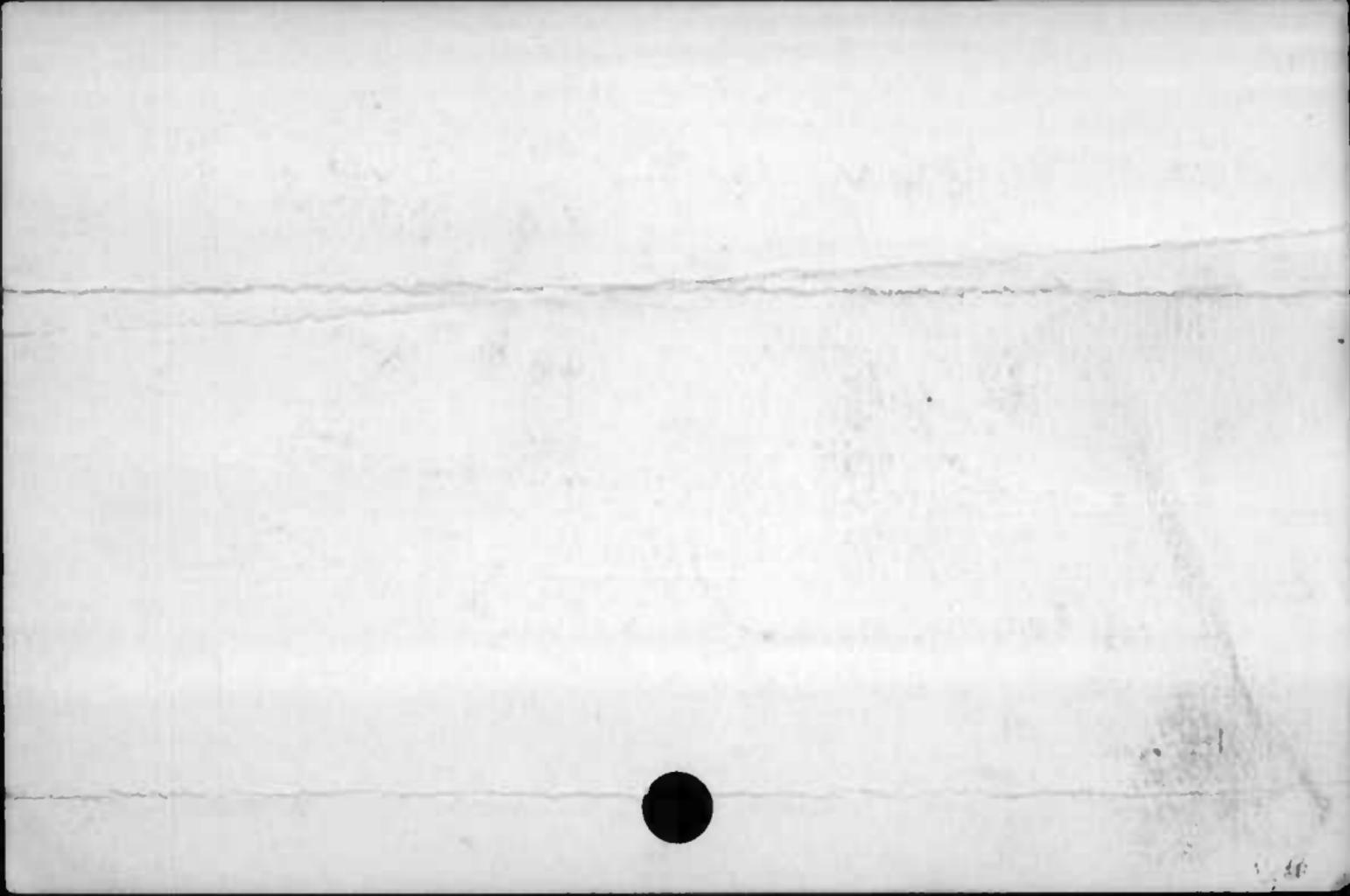
Address

Charles Bagley M.D.
Bagley, Harford Co
Md.

PHYSICIAN
OR CORONER

1

Accident or Suicide?



Name
in
Full

Owen Donnelly

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Baltimore

Town

Balt

City

MARYLAND

Date
of death

1906

Month

Sept

Day

30

Year

about 63

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Occupation

Umbrella Mender

Where Residing if not
at place of death

Servry House Balt Md

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

H. B. Whitley Coroner

How related
to deceased

none

CAUSES OF DEATH

Primary

Chronic Alcoholism

How long

2

Immediate

Cirrhosis of Liver

How long

?

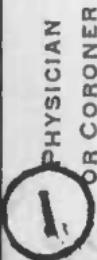
Are the name, age, sex, color, date
and place correctly given above?

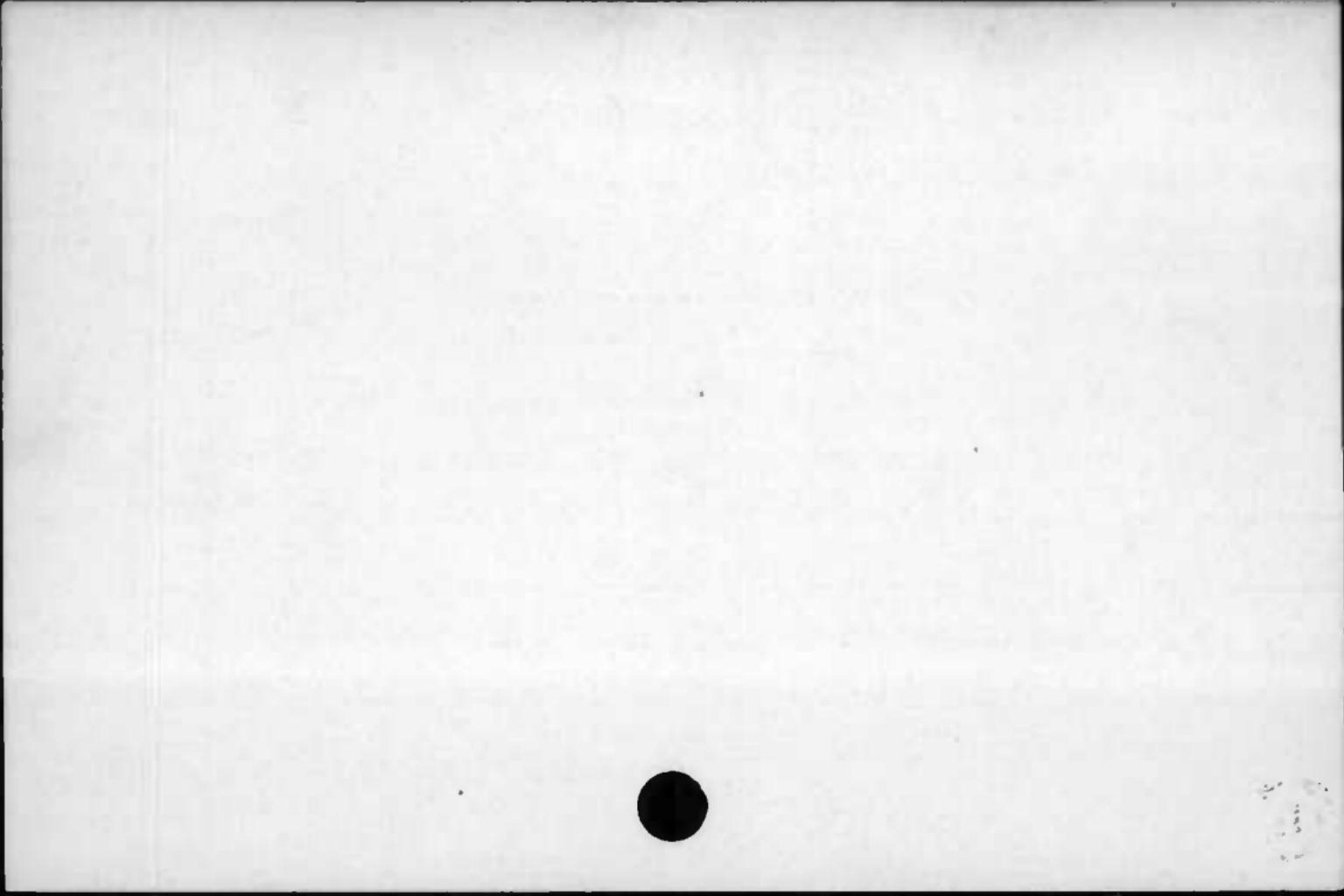
Signature of
Physician

Address

Henry B. Whitley Coroner
Baltimore Md

Accident or Suicide?





Name
in
Full

Margaret Whitelock Dorcey.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park Baltimore		County		MARYLAND	
Date of death 1906	Month Sept	Day 14	Years Age 66.-	Months 3	Days 14
Sex Female	Color or Race White	Birth-place Baltimore.			
Occupation	Where Residing if not at place of death				
Married, single Widowed	Name of Wife or Husband	Thomas R. Dorcey -			
Father's Name	Samuel B. Banks		Father's Birthplace		
Mother's Maiden Name	Margaret Whitelock.		Mother's Birthplace	Wilmington.	
Name of person giving information	Sam B. Dorcey		How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes	50	How long	15 yrs.
Immediate	Nephritis & Bronchitis.		How long	Six months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	Dr Wilbur P. Morgan. 315 W Monument St.



Accident or Suicide?

Newfentine & Sons Co
Funeral Directors

Greenmount Cem

Funeral Monday Sept 17th 1906

Name
in
Full

James D. Muldor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Sept	25	Age 5-2			
Sex	White Male	Color or Race	White	Birth-place	Scotland	
Occupation	Oyster Dealer	Where Residing if not at place of death	228 Richmond St Baltimore Md			
Married, Single or Widowed	Married	Name of Wife or Husband	unknown	Father's Birthplace	unknown	
Father's Name	unknown	Mother's Maiden Name	"	Mother's Birthplace	"	
Name of person giving information	Reco. Mt. Hope	How related to deceased				

CAUSES OF DEATH

Primary Chronic Gastritis

How long

Immediate Ex. Cerebral Congestion

How long

24 hrs -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

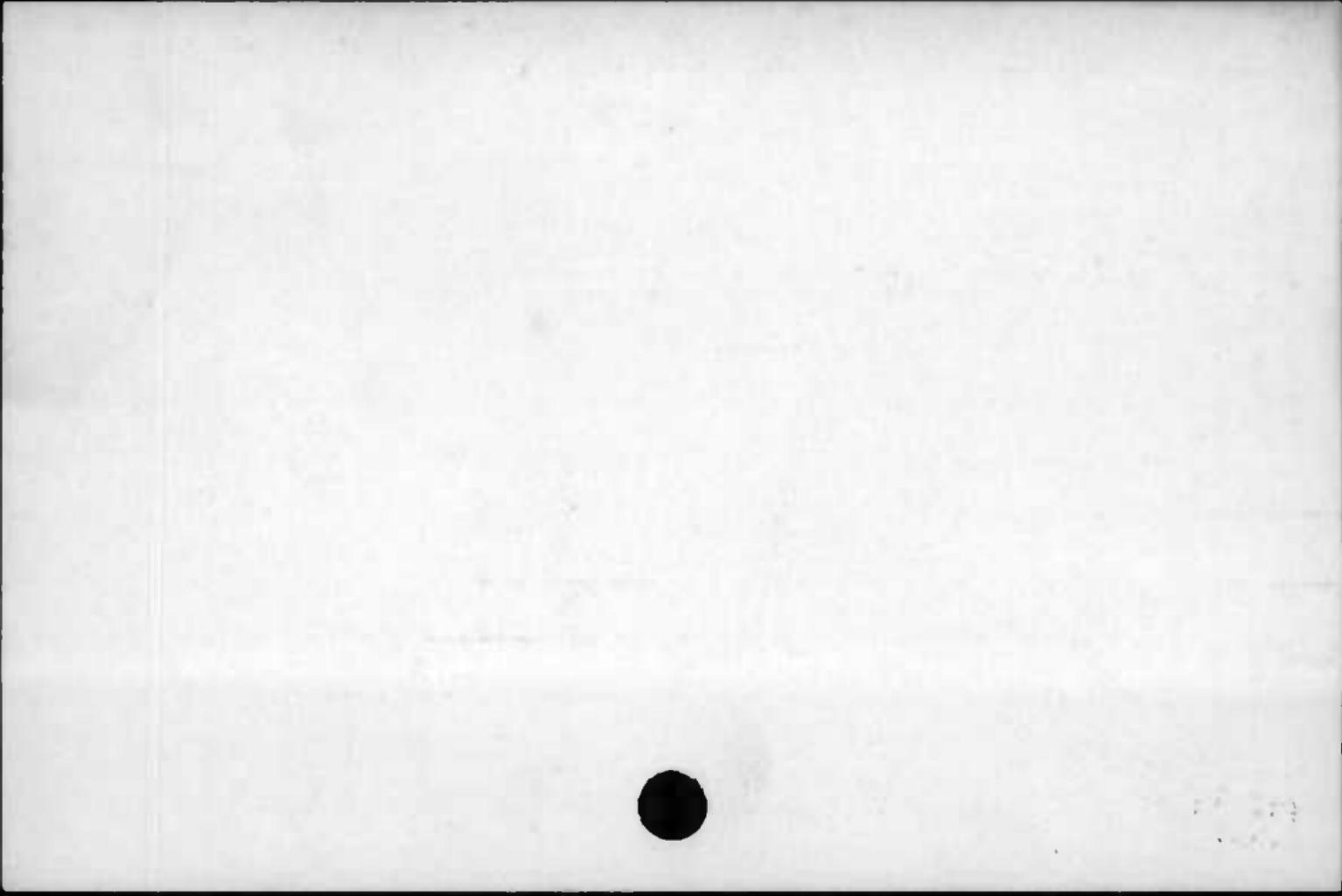
Frank J. Flannery, M.D.

Address

Mt. Hope Retreat,
Baltimore Co., Md.

I
PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Lillian Marie Eberman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month September	Day 8	Years Age 21	Months 10	Days 13
Sex Female	Color or Race White	Birth-place Baltimore			
Married, Single or Widowed Married	Occupation				
Name of Husband Paul V. Eberman					
Father's Name Joseph Hutchins	Father's Birthplace Virginia				
Mother's Maiden Name Nannie McMullen	Mother's Birthplace Baltimore				
Name of person giving information Clara Hutchins	How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN
CORONER

9

Primary	Auto partum eclampsia		38	How long
Immediate				How long evident only one day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. F. Shemwell	
		Address	2226 Madison ave.	
Accident or Suicide?	no			

Dr. Gaylord.

London Park. Sept. 10, 06.

Name
in
Full

Cora S. Ehrhardt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Birth-place			
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	John J. Ehrhardt			
Mother's Maiden Name	Harford Co Md			
Name of person giving information	Sister			

married

William Cole

Mary A. Wells

Marie J. Mettams

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 years

Immediate

Cardiac weakness

How long

3 mo

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. R. P. Brumback

Baltimore
Maryland
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Elwood Ferguson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at near Carny		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906.	Sept.	24.	0	0	8.	
Sex	Male	Color or Race	White			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Ferguson.		Father's Birthplace	Perrona.		
Mother's Maiden Name	S. Cordelia Burton		Mother's Birthplace	Md.		
Name of person giving information	John Ferguson.		How related to deceased	Father.		

CAUSES OF DEATH

Primary	Septic Tetanus	How long	40 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	K. T. Harrison.
		Address	Lock Haven.
Accident or Suicide?			

Entered into
Family Court

Geo. W. Grammer
wonder token

Name
in
Full

Chris Fischer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died et

Town

County

Month

Day

Years

MARYLAND

Date
of death 1906

Sept. 20th.

Age

80

Months

5

Deys

Sex

Male.

Color or
Race

White

Birth-
place

Germany

Occupation

Gardner.

Where Residing if not
at place of death

Married, Single
 Widowed

Name of Wife or
Husband

Mary.

Father's
Birthplace

Germany

Mother's
Maiden Name

Mother's
Birthplace

Germany

Name of person giving
information

How related
to deceased

Son-in-law

John Keeling

CAUSES OF DEATH

Old age

154

How long

How long

PHYSICIAN
OR CORONER

Primary

Signature of
Physician

Address

Immediate

Are the name, age, sex, color, date
and place correctly given above?

JB Webster Jr.
Belgravavice
Belair Road.

Accident or Suicide?





Name
In
Full

Anna. K. Fleagle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Govantstown	Bethel	Months	Days
Date of death	1906 Sept 26	Age 19	9	11
Sex	Female	Color or Race	white	Birth-place
Occupation	None	Where Residing if not at place of death	Govantstown	
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Charles. M. Fleagle	Father's Birthplace	Pa	
Mother's Maiden Name	Minnie, Grissom	Mother's Birthplace	Bethel	
Name of person giving Information	Miss Lizzie Grieser	How related to deceased	dust	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

On Thisis Arthromalacia

How long

an year

Immediate

Inbicular Purulitis

How long

5 months.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. W. Thompson
602 S. Rhea St.

Address

Accident or Suicide?



Jos. Jordens. Son
217 S. Pecor

Beth man

Mount Olivet Beth

Name
in
Full

Albert Foard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	White	Age	54			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of wife	Laura Foard (nee Haile)				
Father's Name	Sylvester Foard					Father's Birthplace	Maryland
Mother's Maiden Name	Anna Clayton					Mother's Birthplace	"
Name of person giving information	Leonard Foard					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Indigestion acute

How long

2 hours

(04)

Immediate

Cardiac Syncope

How long

"

Are the name, age, sex, color, date and place correctly given above?

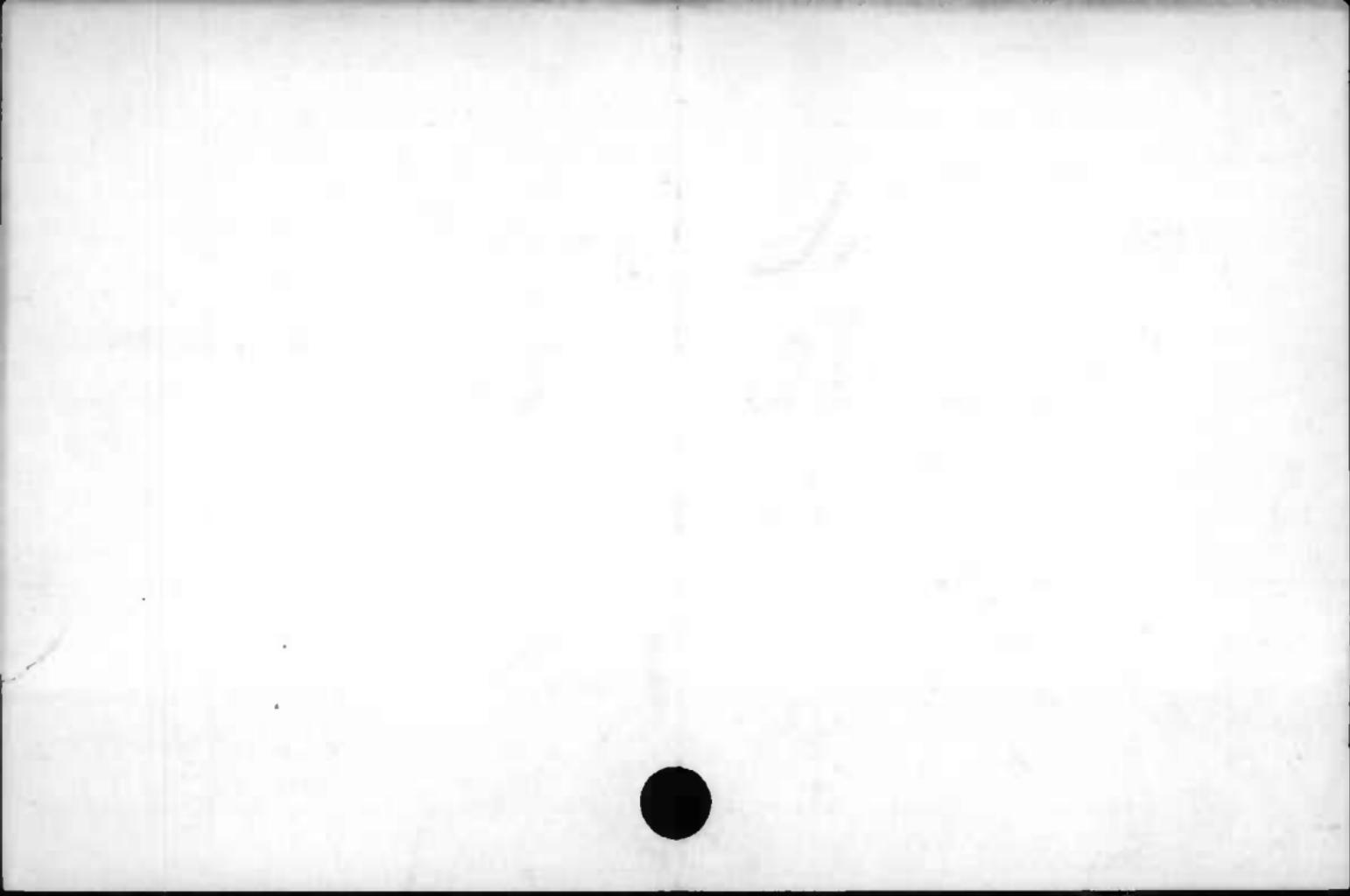
Signature of Physician

Address

J.W. S. Green
Sittings

1

Accident or Suicide?



Name
in
Full

Forbes, Joseph Harris

CERTIFICATE OF DEATH

Town	County			MARYLAND		
Died at	412 Hawthorne Road, Roland Park Baltimore					
Date of death	Month	Day	Years	Months	Days	
1906	Sept.	18	68	9		
Sex	Male	Color or Race	White	Bjrh.-place	St. Mary's Co., Md.	
Occupation	Baker			Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Annapolis, Md.			
Father's Name	(Colonel) George Forbes			Fannie Lightfoot Foote	Father's Birthplace	Ind.
Mother's Maiden Name	Mary Eleanor Harris			Mother's Birthplace	"	"
Name of person giving information	George Forbes (son)			How related to deceased	Eduard	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of Stomach (40) How long 11 months

Immediate Hemorrhage of Stomach How long 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Julius Farnsworth
of 41 Franklin Street

Accident or Suicide?



Henry W. Jenkins Son
Co. from Roland Park
to Annapolis Md

Name
in
Full

Louisa Ford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
<input checked="" type="checkbox"/> Single or Widowed	Name of Wife or Husband	Father's Birthplace	Maryland
Father's Name	Joseph Ford		
Mother's Maiden Name	Louisa Smith	Mother's Birthplace	Virginia
Name of person giving information	Joseph Ford	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

(QD)

How long

3 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

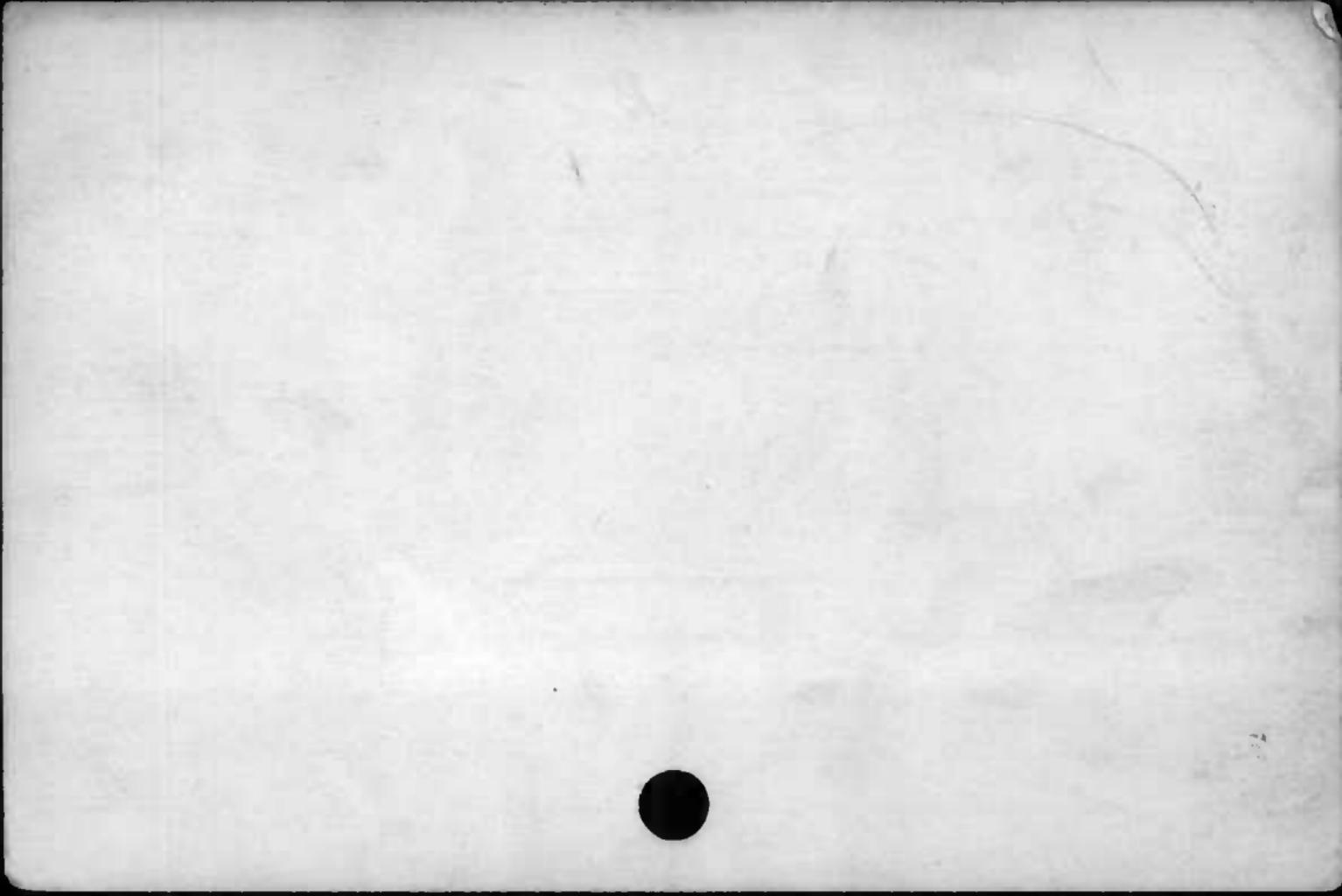
Signature of Physician

R. B. Wolffeldt
Health Officer
Calaisville, Tex

Address

1

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

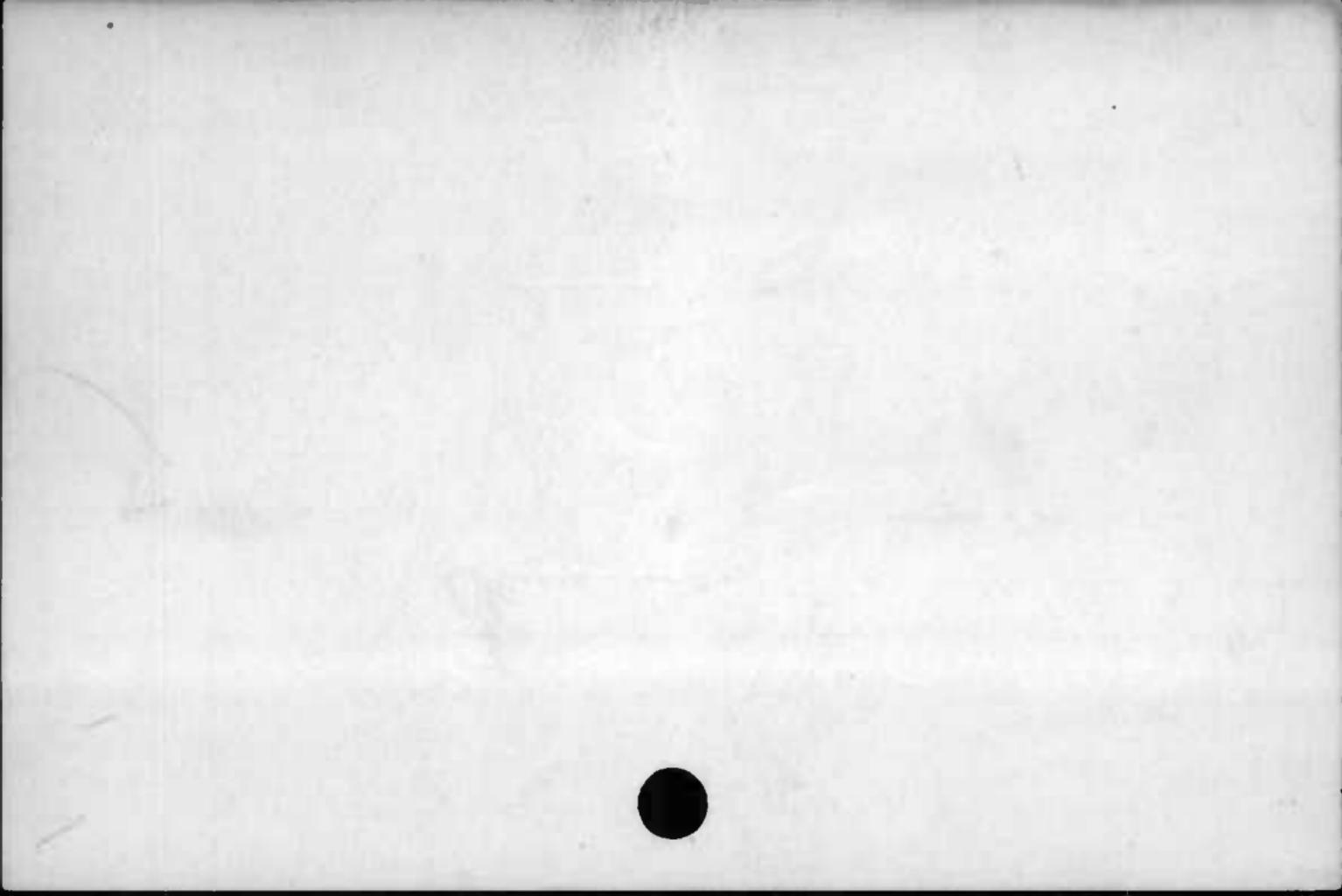
Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906 Sept.	12		65			
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Homes wife	Where Residing If not at place of death Sparsos Point				
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	Aman Shibley	Father's Birthplace	Pa			
Mother's Maiden Name	Black	Mother's Birthplace	Pa			
Name of person giving information	Jos. A. Forsythe	How related to deceased	Son			
CAUSES OF DEATH						
Primary	General Senile debility			How long	several months	
Immediate	Paralysis			How long	1 week	

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Annie E Fryfogle

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Sept	1	83	—	—
Sex	female	Color or Race	white	Birth-place	Ind
Occupation	housewife	Where Residing if not at place of death	Syracuse		
Married, Single or Widowed	Widow	Name of Wife or Husband	deceased	Father's Birthplace	OK
Father's Name	OK	Mother's Birthplace	OK	Mother's Maiden Name	OK
Mother's Maiden Name	OK	How related to deceased	son-in-law	Name of person giving information	Grover Constantine

CAUSES OF DEATH

Primary

Simplicity

154

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

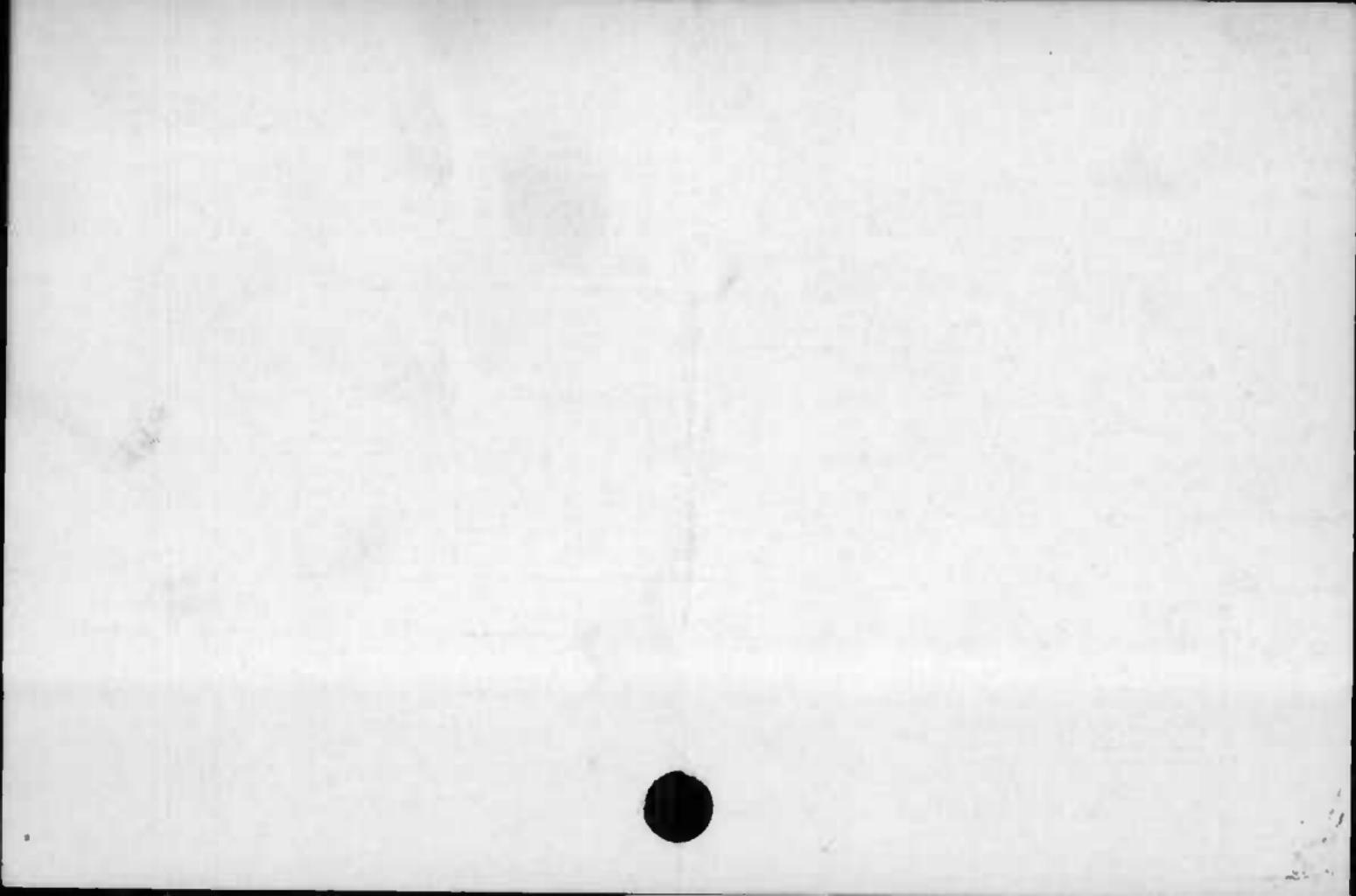
yes

Signature of Physician

Address

D. J. Triplett
Gainesville, Md.

Accident or Suicide?



Name
in
Full

Michael Patrick J. Garland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Baltimore	County	MARYLAND			
Date of death	1906	Month Sept	Day 22	Years 41	Months 1	Days
Sex	Male	Color or Race	White	Birth-place	Ireland	
Occupation	Clerk.			Where Residing if not at place of death	-	
Married, Single or Widowed	Name of Wife or Husband			Mary Garland		
Father's Name	Joseph. Garland			Father's Birthplace	Ireland	
Mother's Maiden Name	Mary Kane			Mother's Birthplace	"	
Name of person giving Information	Mary Garland			How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Alcoholism 55 How long -
Immediate Shock How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

J W Shaw.
St Agnes Hospital

Accident or Suicide?





William M. Hale

Town

County

Died at

Whitehouse

Baltimore County

MARYLAND

Date 1890

Month

Day

Y.

M.

D.

Native of

Sept. 26

Age 8

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

John O. Hale

Mother's
Name

Emma Hale

Name

Cause of

Primary

Fall

How long sick

2 weeks

Death

Immediate

Meningitis & Paralysis

Accident, Suicide, Homicide

Reported by

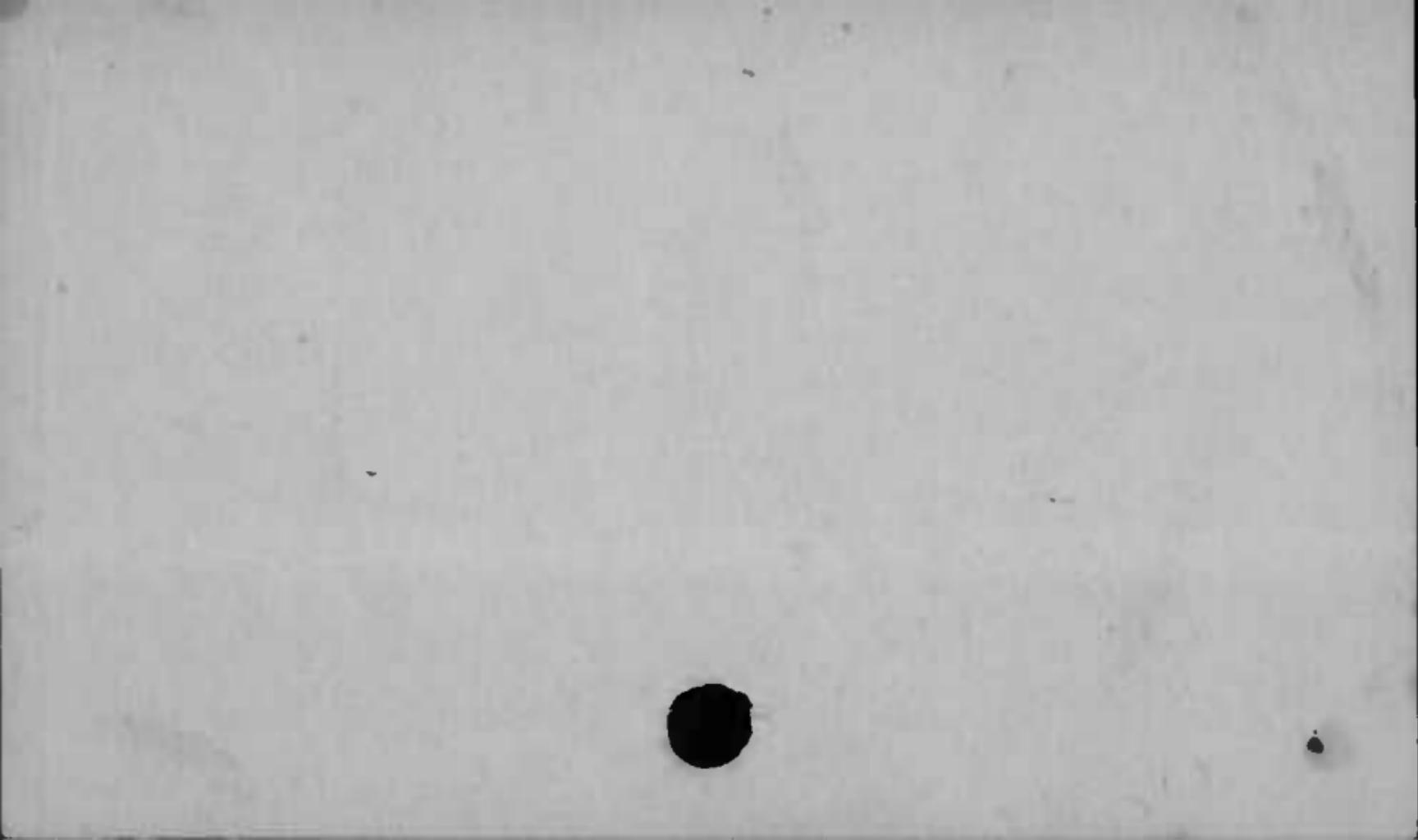
R. C. Wells M.D.

Address

Hampstead

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Baby Hall

CERTIFICATE OF DEATH

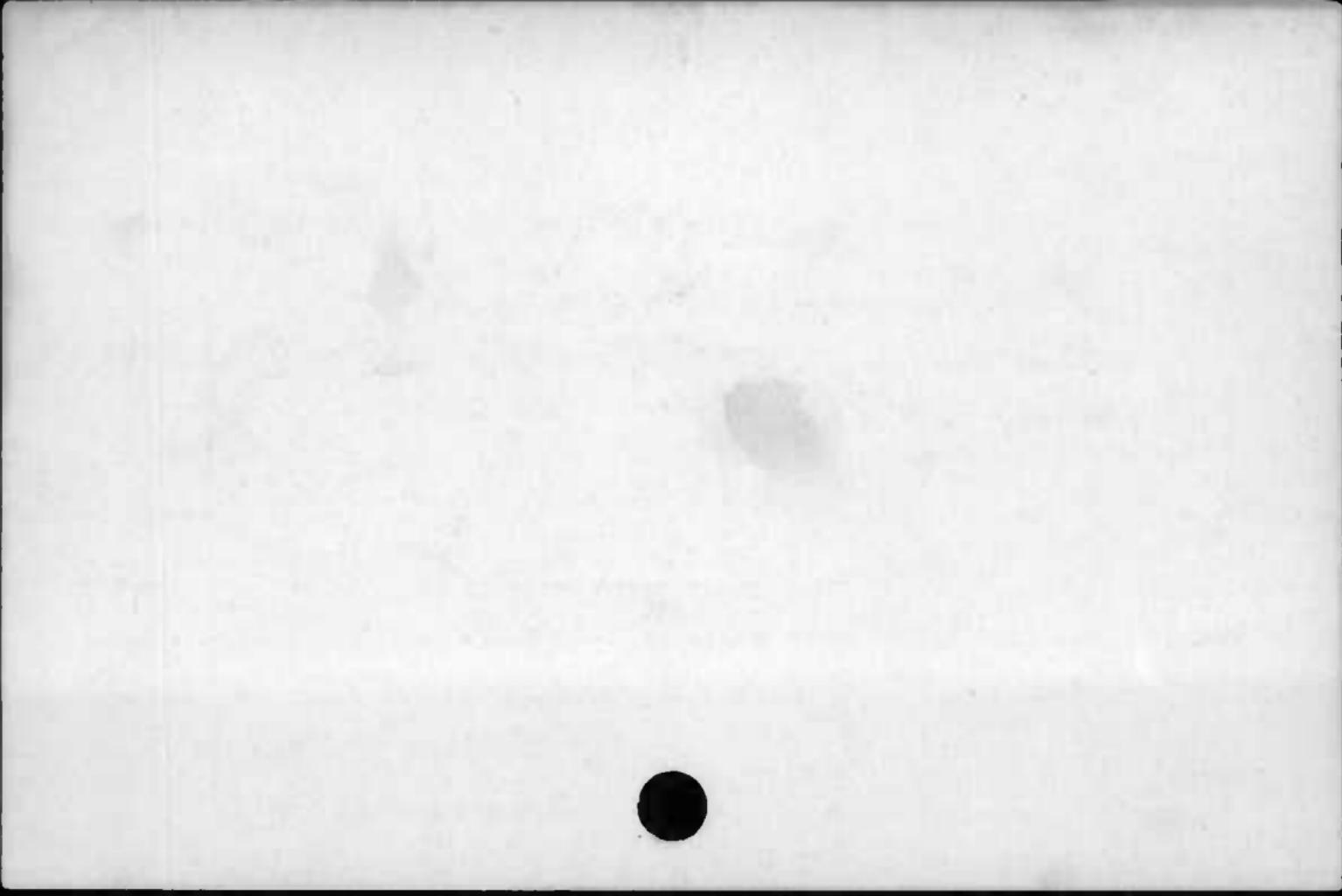
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Age	Months	Days	
Sex	Color or Race	Birth place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mid
Father's Name	Louis Hall	Mother's Birthplace	NYC
Mother's Maiden Name	Nannie Wilson	How related to deceased	mother
Name of person giving information	"	"	

CAUSES OF DEATH

Primary	7 1/2 mos in Utero.	How long
Immediate	C.	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	Marshall B West Catoonsville	



Name
in
Full

Thomas Edward Haubleton -

CERTIFICATE OF DEATH

Town or Letherville

County

MARYLAND

Died at Country seat "Haubledure" Baltimore County -

Date of death 1906 Month September Day twenty-first Years Age seventy-seven four Months three Days

Sex male

Color or Race

white

Birth-place

New Windsor, Carroll Co., Md.

Occupation

Where Residing If not
at place of death

Retired Banker

Married, Single
or Widowed

married

Name of Wife or Husband

Theodosia - nee Barnard

Father's Name Thomas Edward Haubleton

Father's Aberdeen
Birthplace Westford Co., Md.

Mother's Maiden Name Sarah Ann Slingluff

Mother's Birthplace Carroll County, Md.

Name of person giving information Frank Sherwood Haubleton

How related to deceased Son -

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

La Grippe
Acute Nephritis

(10)

How long

21 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. J. Burbon Strickson
Rider, Md.



Accident or Suicide?

Henry H. Kinsius & Sons Co
233 N. Saratoga St.

Place of Burial

Greenmount Cem

Monday Sept 24th 86

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W. E. Hardtay

CERTIFICATE OF DEATH
MARYLAND

Died at	Town	County			
Died at	W. Washington	Baltimore			
Date of death	Month	Day	Years	Months	Days
1906	Sept.	7	Age		2
Sex	Male	Color or Race	white	Birth-place	W. Washington
Occupation	In Bank.	Where Residing if not at place of death			W. Washington
Married, Single or Widowed	Single.	Name of Wife or Husband			
Father's Name	W. E. Hardtay	Father's Birthplace	W. Washington		
Mother's Maiden Name	Ida M. Spousdacer.	Mother's Birthplace	W. Washington		
Name of person giving information	Weston City	How related to deceased	Father		

CAUSES OF DEATH

Primary	Premature Birth	(151)	How long	2 days
Immediate	Exhaustion		How long	1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. H. Beeten
W. Washington

Accident or Suicide?

A. S. Ulans Hall 355 Falls Road
St. Mary's Cemetery Hampden
Sept 2 - 1906

Name
in
Full

Helen Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Baltimore Co. Almshouse

Town Baltimore Co. County Almshouse
Date of death 1906 Month 9 Day 29 Years 40 Months _____ Days _____

Sex Female Color or Race Negro Birthplace _____

Occupation

Where Residing if not
at place of death

Married, Single or Widowed widowed Name of Wife or Husband Grace Harris

Father's Name _____

Father's Birthplace _____

Mother's Maiden Name _____

Mother's Birthplace _____

Name of person giving Information Lizzie Williams

How related to deceased _____

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long Do not know
Secondary How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. Thos. G. Bussey
Texas md.

Address

Accident or Suicide? No

PHYSICIAN
OR CORONER



Robt A Elliott
undertaker
306 Rogers ave
Tucson Calaree Cemetery

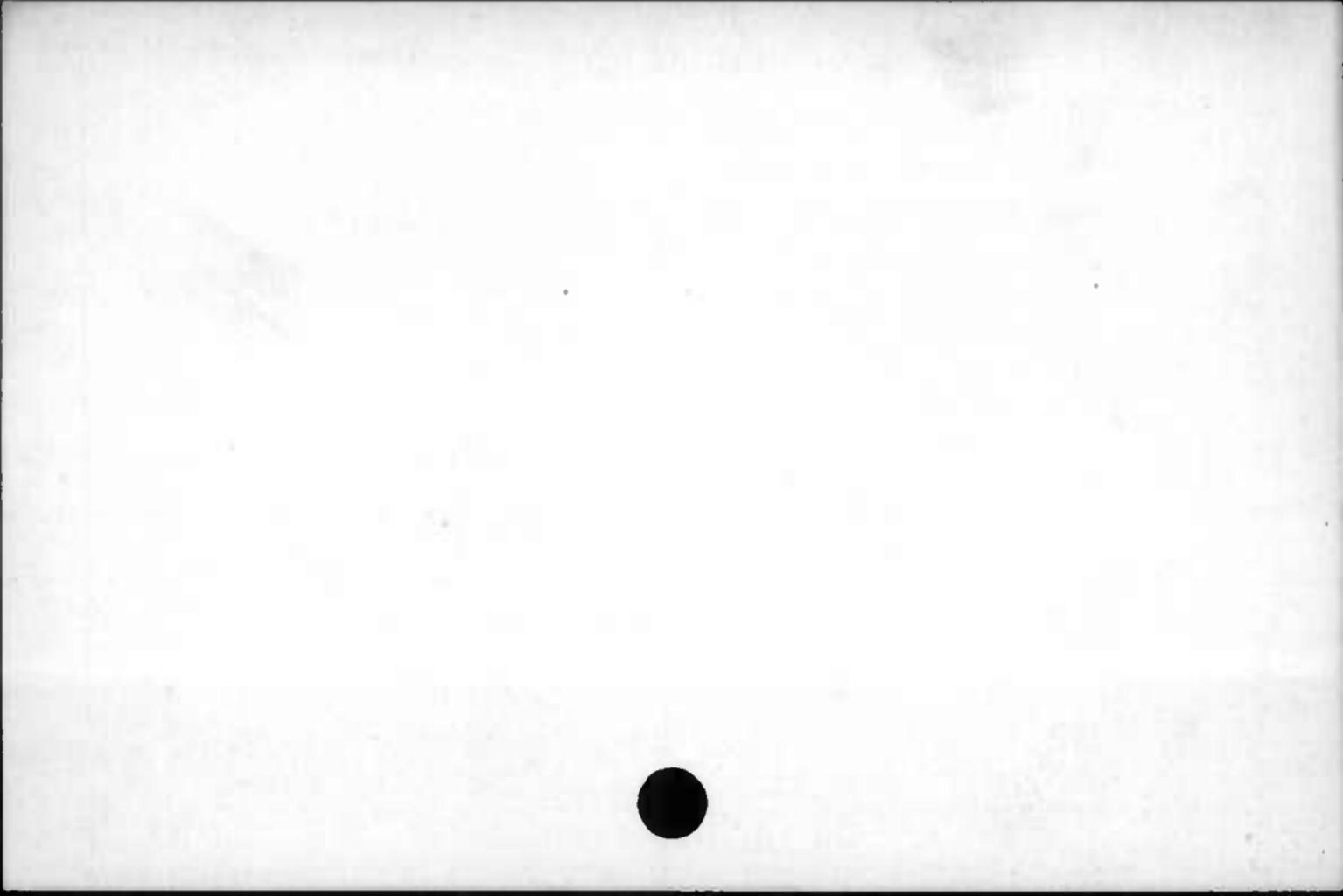
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John A Hartman					MARYLAND	
Died at York Rd in Baltimore		Town	County Baltimore			
Date of death 1906	Month Sept.	Day 20	Years Age 49	Months 9	Days 6	
Sex Male	Color or Race White		Birth-place Baltimore			
Occupation Carpenter	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name John Hartman	Father's Birthplace Germany					
Mother's Maiden Name Louisa Hosfross	Mother's Birthplace Germany					
Name of person giving Information Louisa Hartman	Now related to deceased WP					
CAUSES OF DEATH						
Primary	Chronic Endocarditis & Bright's disease				How long	
Immediate Nephritis					How long 3 days	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Copied from City Blank			Address		Chas S Brack 500 E 20th St.	
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

Mrs AE Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of death 1906	Sept	5	Age 76 -		
Sex Female	Color or Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Widow			Mother's Birthplace		
Father's Name					
Mother's Maiden Name					
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral apoplexy

How long

6 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

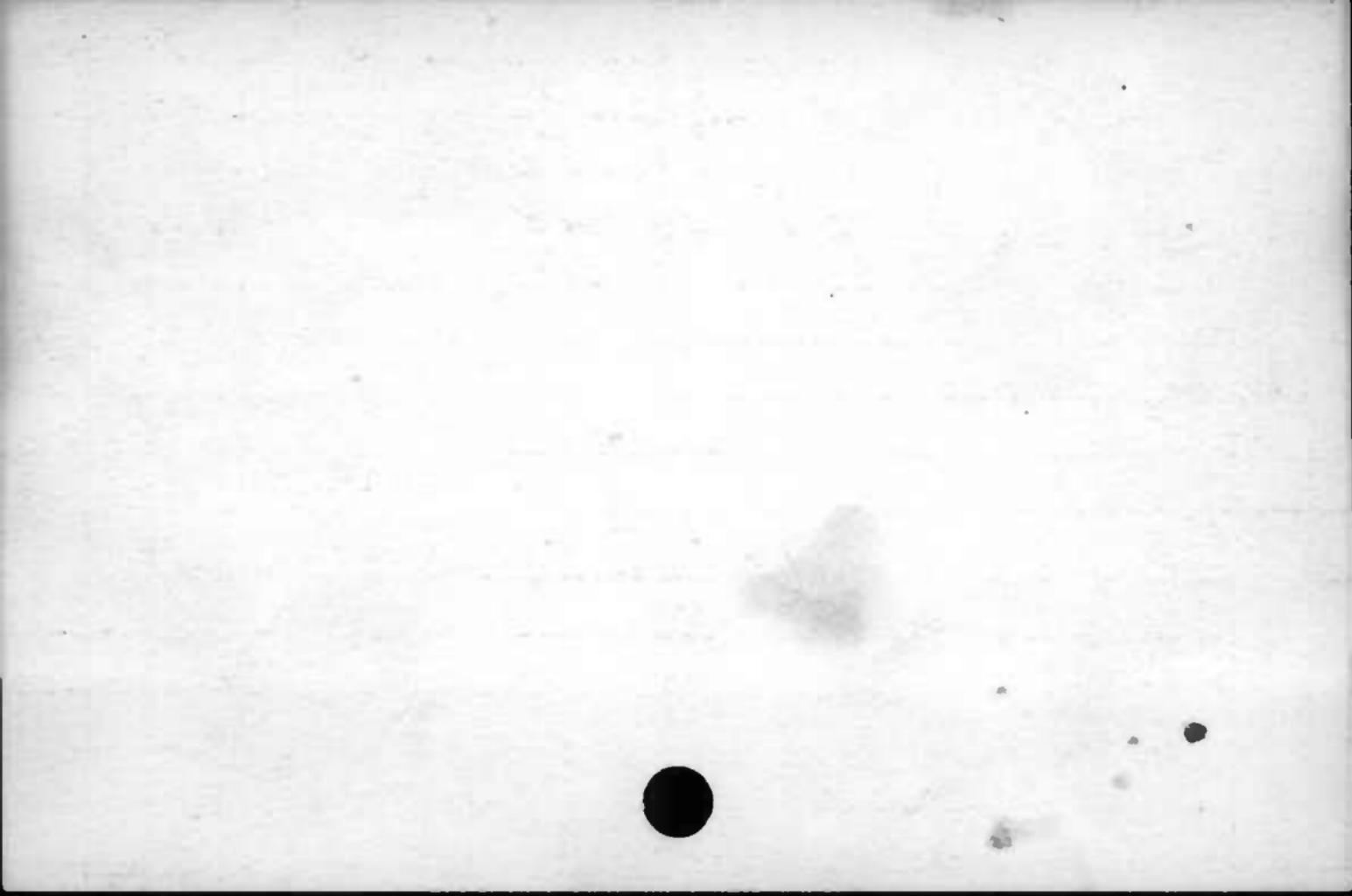
Signature of Physician

Address

Dr. Wallace
Rossview
Md



Accident or Suicide?



Name
in
Full

Phoebe Neaseck

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

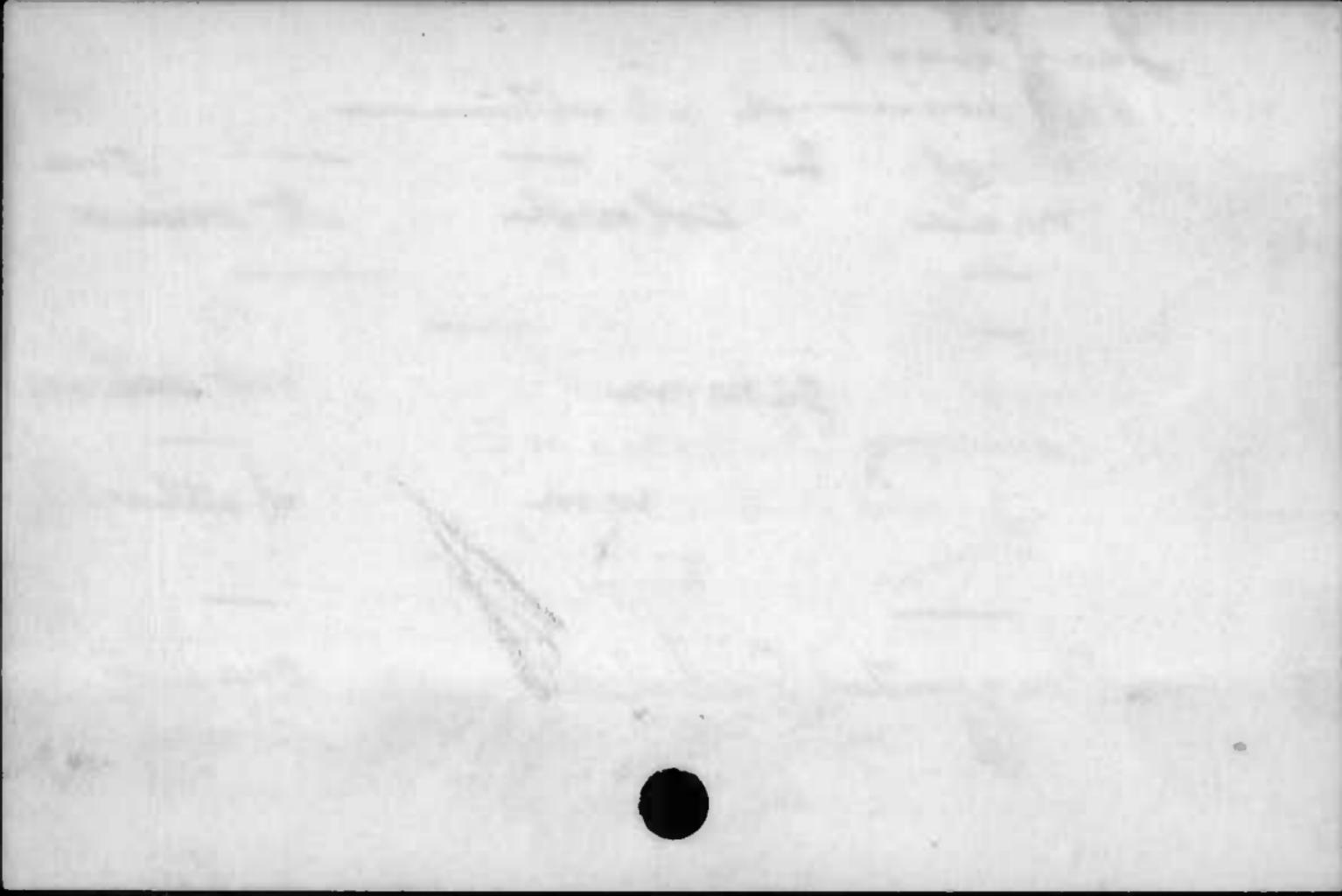
Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	Balt. Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George A. Kirsch				
Mother's Maiden Name	Easter Myers				
Name of person giving information	George A. Kirsch				
CAUSES OF DEATH					
Primary	Marasmus				
Immediate	Asthma				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
			1135 - Highland Ave.		

PHYSICIAN
OR CORONER



Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Infant

Maryland

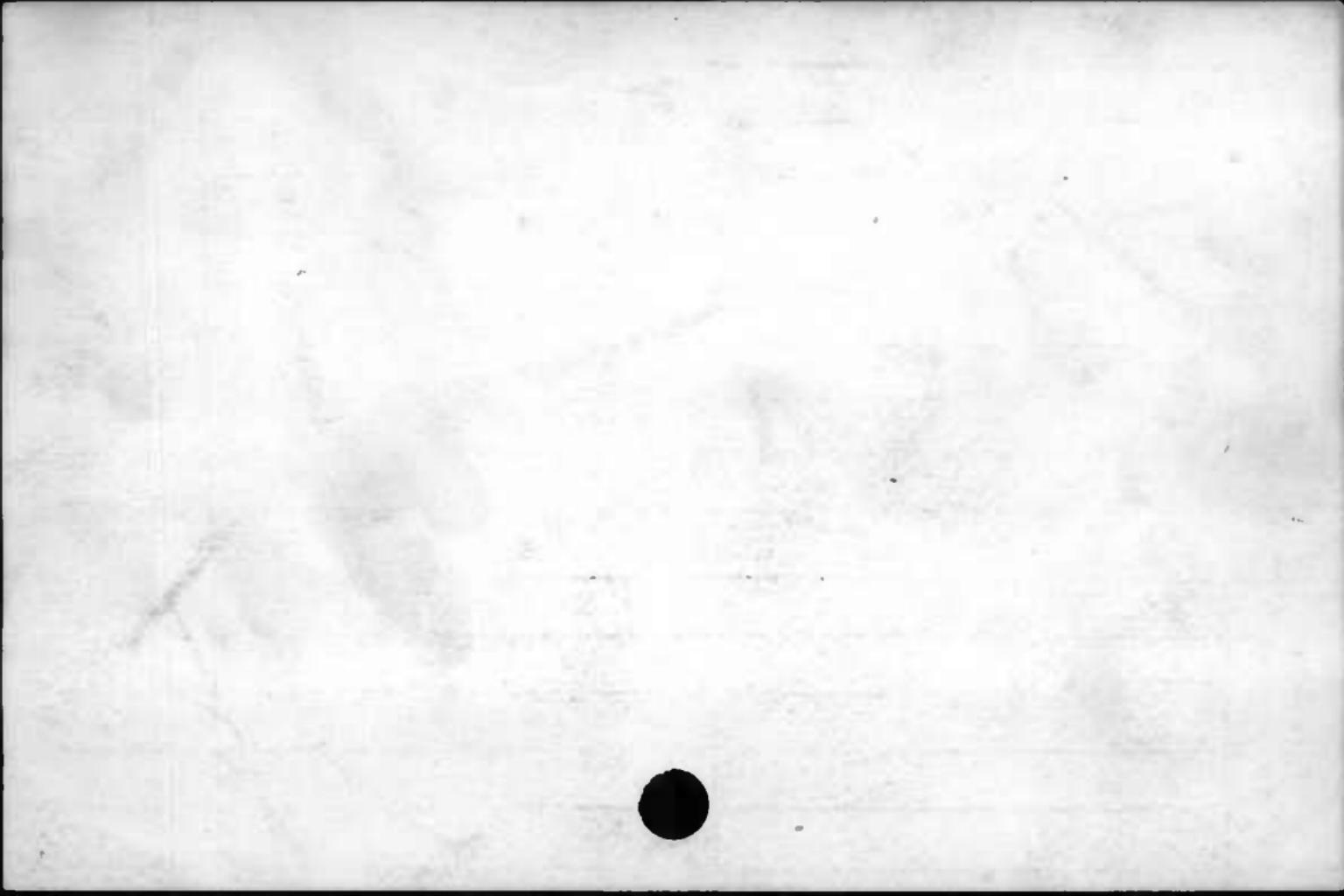
CERTIFICATE OF DEATH

Died at	Town	Baltimore		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Oct.	2	—	—	one	
Sex	male	Color or Race	colored	Birth-place	WT. WILMINGTON	
Occupation	—	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	WT. WILMINGTON	
Father's Name	James Hedgeson			Mother's Birthplace	WT. WILMINGTON	
Mother's Maiden Name	Adeline Bobbison			How related to deceased	Father	
Name of person giving information	James Hedgeson			How long	—	

CAUSES OF DEATH

(5)

Primary	—	How long	—
Immediate	Congenital Debility	How long	one day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. V. Glavis
		Address	WT. WILMINGTON MD.
Accident or Suicide?	—		



Name
in
Full

Dr. Thomas H. Helsby

CERTIFICATE OF DEATH

Town

County

Died at 705 Roland Ave.

Roland Park

MARYLAND

To BE ANSWERED BY
NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1906	Sept.	26	Age	71	11 21
Sex	Male	Color or Race	white	Birth-place	Baltimore, Md.
Occupation	Physician	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah R. Helsby	residence	
Father's Name	Samuel T. Helsby	Father's Birthplace			
Mother's Maiden Name	Eliz. Schulte	Mother's Birthplace			
Name of person giving Information	Sarah R. Helsby	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diabetes

(50)

How long

12 years

Immediate

Diabetic Coma

6 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. Gibson Porter
Roland Park Md.

1

Accident or Suicide?

No

Loudan, Park,

E. Madison Mitchell St
1201 N. Fayette

R

Name
in
Full

Amos Alexander Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
PhilopolisCounty
Baltimore.

MARYLAND

Date
of death

1906 Month 9 Day 13 Age 44 Years 44 Months 4 Days 26

Sex

MaleColor or
RaceCol.Birth-
placeMd

Occupation

PreacherWhere Residing if not
at place of deathPhilopolisMarried, Single
or WidowedMarriedName of Wife or
HusbandBlanche HendersonFather's
NameDavid HendersonFather's
BirthplaceMdMother's
Maiden NameMarg't RichardsonMother's
BirthplaceMdName of person giving
InformationBlanche HendersonHow related
to deceasedwife

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Exhaustion

How long

3 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianWihner C. Ensor M.D.

Address

Cockeysville,
Md.PHYSICIAN
OR CORONER

1

Accident or Suicide?

Interment at Stevenson
Chapple Cemetery

Sep 15th

Name
in
Full

Elizabeth G. Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	5	11	25 -
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single Name of Wife or Husband				
Father's Name	Amos Henderson Father's Birthplace				
Mother's Maiden Name	Blanche Hall Mother's Birthplace				
Name of person giving Information	Blanche Hall How related to deceased				

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary	Typhoid Fever.		How long
Immediate	Nephritis		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Hilmer C. Evans M.D.
Yes		Address	Cockeysville Md.
Accident or Suicide?			

This is the Card
from Dr Ensor I
Looked for.

Name
in
Full

Sister Margaret Hennessey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Bally	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1906	Sept.	11	51 yrs			
Sex	Female	Color or Race	White	Birth-place	St. Louis, Mo.	
Occupation	Sister of Charity			Where Residing if not at place of death		
Married, Single or Widowed	Single			Name of Wife or Husband		
Father's Name	Michael Hennessey			Father's Birthplace	Ireland	
Mother's Maiden Name	Mary Keough			Mother's Birthplace	"	
Name of person giving Information	Dr. Raphael			How related to deceased	Supervisor.	

CAUSES OF DEATH

Primary Intestinal obstruction

How long
Three weeks.

Immediate collapse

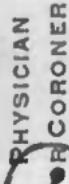
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Gertrude A. Herget

CERTIFICATE OF DEATH

MARYLAND

Died at Highlandtown Town County Balto.

Date of death 1906 Month Sept Day 7 Years Age Months Days 20

Sex Female

Color or Race

White

Birth-place

Balto Co.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Valentine Herget

Father's Birthplace

A.A. Co. Md.

Mother's Maiden Name

Laura Schmidt

Mother's Birthplace

Balto Co. Md.

Name of person giving
Information

Valentine Herget

How related
to deceased

Father

CAUSES OF DEATH

Primary

Sepicemia

How long

2 wks.

(20)

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Dr. F. A. Glantz

41 Eastern Ave.

Address

Q.B. CORONER

Accident or Suicide?

Sacred Heart Cemetery

Sept 8th 1904

Dermans Sirance

Name
in
Full

Hegdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

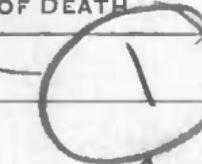
Died at		Town	County		MARYLAND		
Date of death	1906	Month Sep	Day 23	Years 67	Months 3	Days 14	
Sex Female	Color or Race white		Birth-place Washington D.C.				
Occupation House wife	Where Residing if not at place of death 312 Jacoma st.						
Married, Single or Widowed widow	Name of Wife or Husband Alexander Hegdon						
Father's Name John Allison	Father's Birthplace Washington D.C.						
Mother's Maiden Name unknown	Mother's Birthplace unknown						
Name of person giving information Mr Daff	How related to deceased Son-in-law						

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Typhoid fever



How long

14 days

Immediate

Exhaustion

How long

. Are the name, age, sex, color, date and place correctly given above?

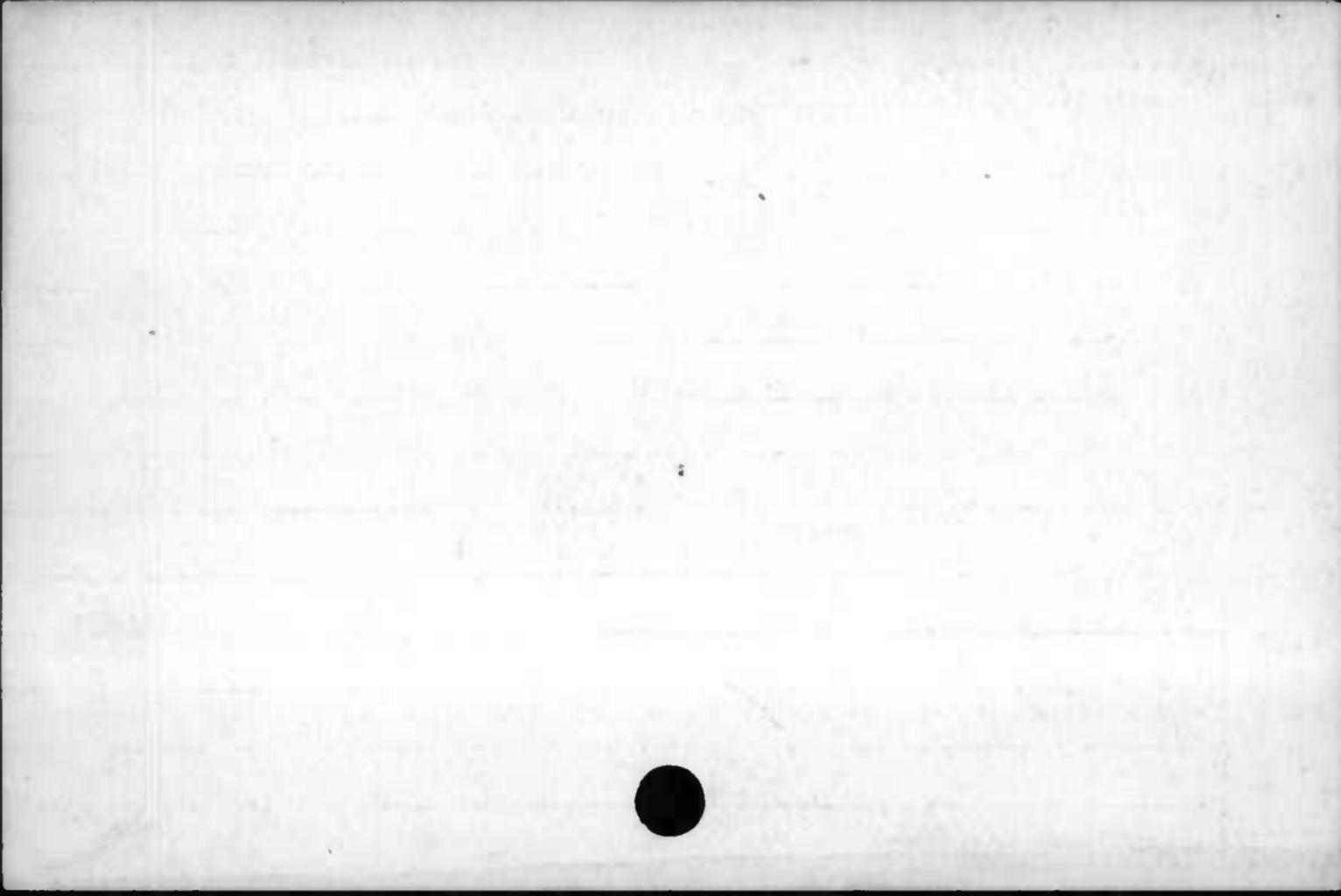
Yes

Signature of Physician

Address

Dr. Walter Burchard
828 N. Carroll Ave

Accident or Suicide?



Name
In
Full

Martia E. Hill-

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt. Hope Retreat</u>		Town	<u>Baltimore</u> County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1906	Sept	21st	Age 80 odd	unknown	unknown		
Sex	Female	Color or Race	White	Birth-place	Virginia		
Occupation	None		Where Residing if not at place of death	Baltimore Md -			
Married, Engaged or Widowed			Name of Wife or Husband	Unknown			
Father's Name	Unknown		Father's Birthplace				
Mother's Maiden Name	"		Mother's Birthplace	"			
Name of person giving information	Reed Mt. Hope Retreat		How related to deceased	Not at all			

CAUSES OF DEATH

PHYSICIAN
OR CORONER



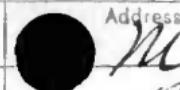
Primary Laxility-

Immediate Ex-Diarrhoea

Are the name, age, sex, color, date and place correctly given above?

yes

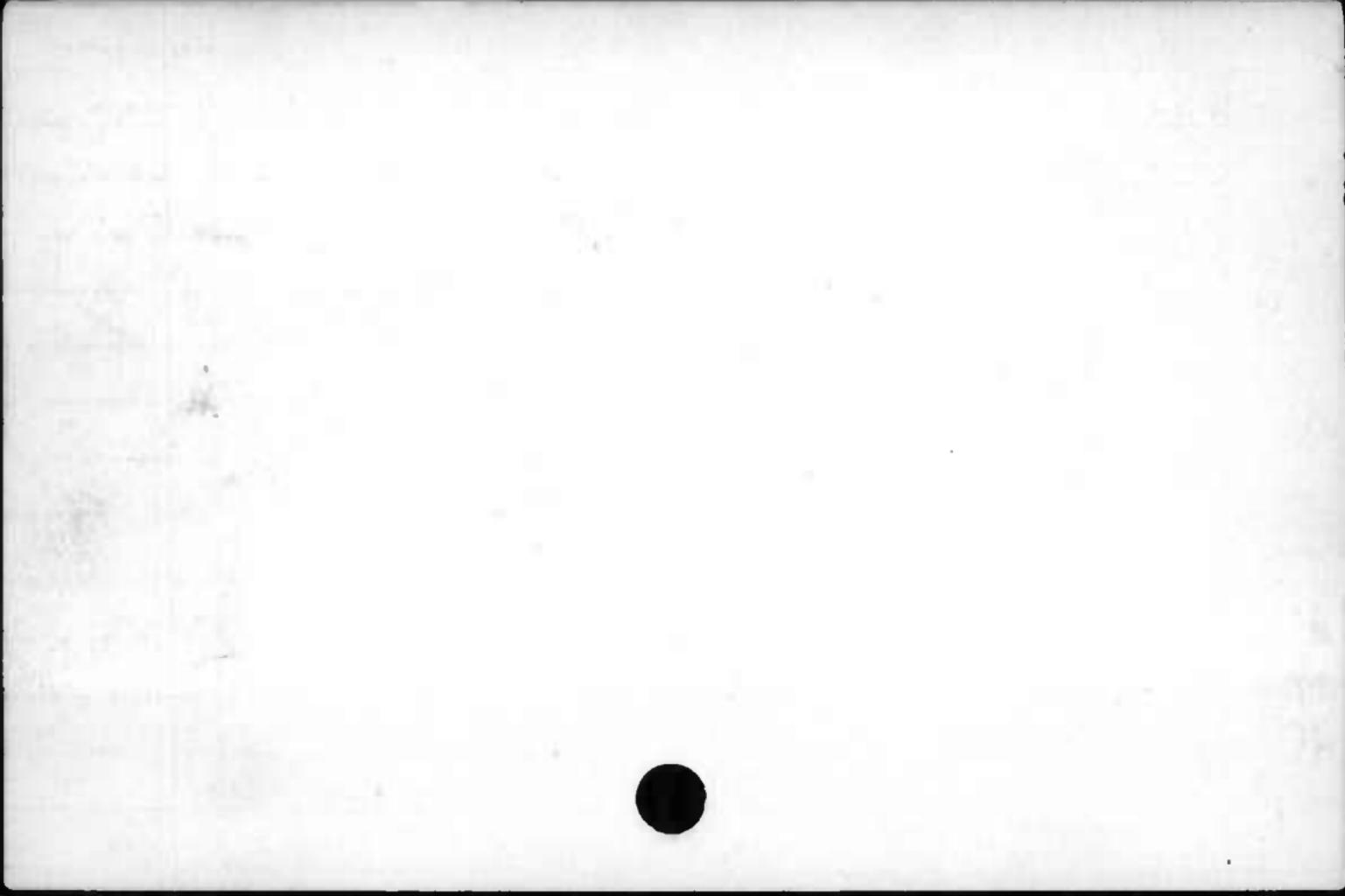
Signature of Physician



Frank J. Flannery
Mt. Hope Retreat
Baltimore C. Md.

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harry Hoffman

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	9	2	Age 22
Sex	Male	Color or Race	white
Occupation	Labour.	Where Residing if not at place of death	Ind. 1927 Wilhelms Dr
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information	Henry Bender	How related to deceased	None

CAUSES OF DEATH

Primary

Falling in spring garden

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of
Physician

Address

August W. Miller (Coroner)

Accident or Suicide?

Accident -

Har. Williams
Baltimore Md.

Permission is hereby given to Nicolas Fink
undtaker, to remove Body of Harry Hoffman
to Balti City

With my Hand and Seal

August W. Miller
(Coroner)

Name
in
Full

William Henry Hoffmann

CERTIFICATE OF DEATH

Died at

Town
Mounton

County
Baltimore

MARYLAND

Date
of death 190

Month
Sept

Day
14"

Years
7

Months
27

Age
7

Days

Sex
male

Color or
Race

White

Birth-
place

Married, Single
or Widowed

single

Occupation

Name of Wife or
Husband

Father's
Name

George W. Hoffmann

Father's
Birthplace

Baltimore

Mother's
Maidan Name

Alita Johanna Gausewitz

Mother's
Birthplace

Germany

Name of person giving
Information

Marie Gausewitz

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Cerebral spinal meningitis

How long

1 month

Immediate

Sanguineous mouth

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. R. McShee

Mounton,
Md.

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Mary Hollyday

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Calumet

County

Baltimore

MARYLAND

Date
of death 1906

Month

Day

Years

Age

36

Months

Days

Sex

Female

Color or
Race

W

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

David Hollyday

Father's
Birthplace

Ireland

Mother's
Maiden Name

Eleanor Riley

Mother's
Birthplace

Md

Name of person giving
Information

Sallie Hollyday

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

20 years

Immediate

Cina

How long

24 h

Are the name, age, sex, color, date
and place correctly given above?

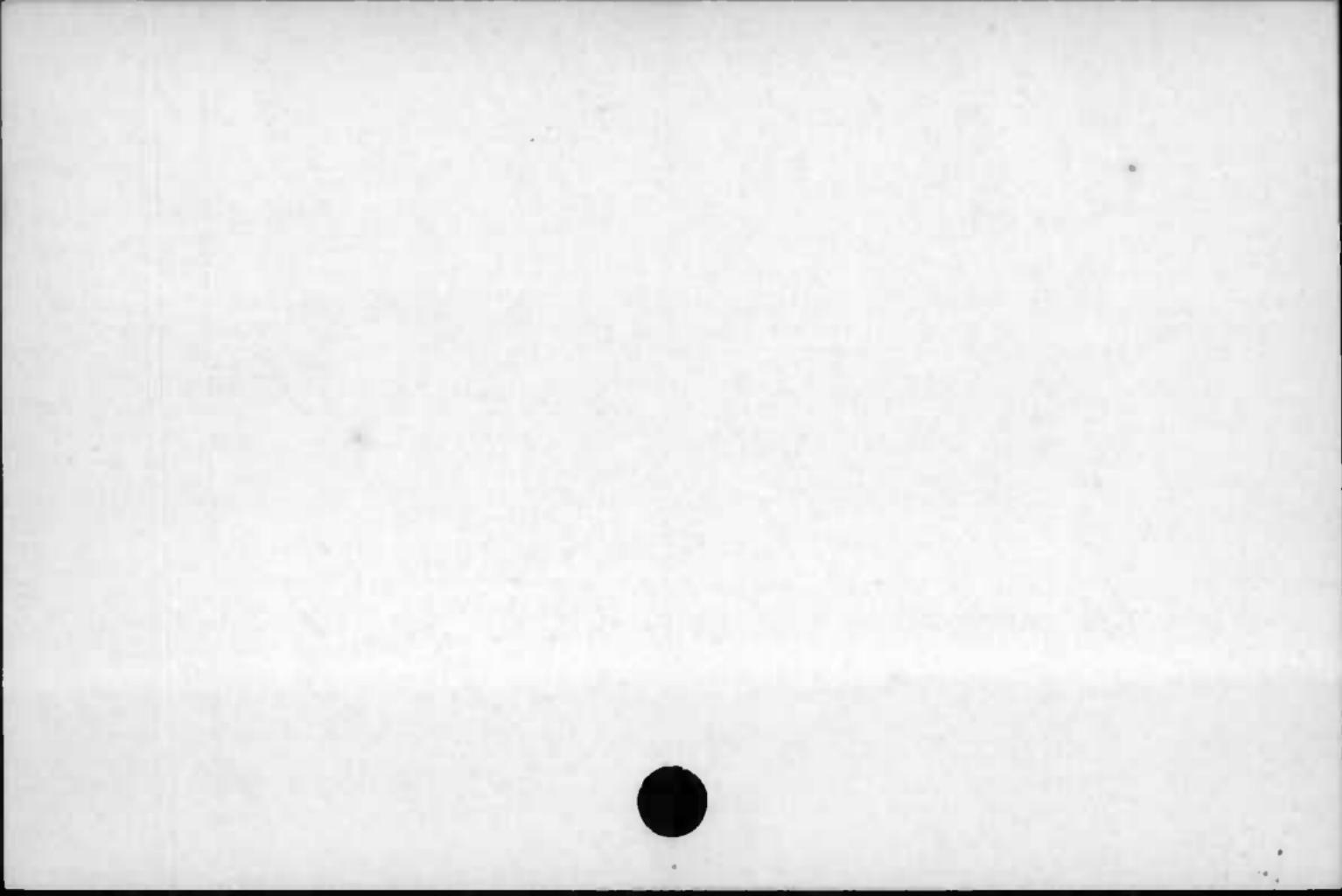
Signature of
Physician

Address

R. L. Hallfield
Calumet
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Mrs Susan Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cockeysville	Baltimore			
Date of death.	Month	Day	Years	Months	Days
1906	Sept	26	82	0	4
Sex	Color or Race	Birth-place			
Female	white	Philopolis			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of wife or husband				
Father's Name	John Cohoon				
Mother's Maiden Name	Sarah Crowley				
Name of person giving information	Mrs J Morton				
	Father's Birthplace				
	England				
	Mother's Birthplace				
	England				
	How related to deceased				
	daughter				

CAUSES OF DEATH

Primary	Gastric Colitis	104	How long	18-days
Immediate	Asthmatic Pneumonia		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr B. R Bryson
			Address	Cockeysville Md
1	Accident or Suicide?	320		

Interment at Populac
Cemetery Sept 28th

W. C. Brooks

Name
in
Full

Mrs. Virginia L. Huffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at St Denis	Baltimore			
Date of death 1906	Month Sept.	Day 3	Years 67	Months 5 Days 44
Sex Female	Color or Race	White		Birth-place W. Va.
Occupation	Where Residing if not at place of death			
Married, Single Widowed	Name of Husband	Arthur W. Huffman		
Father's Name	John Lowman			
Mother's Maiden Name	Elizabeth			
Name of person giving information	Lebedee Householder			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acuti cerebrae Congestion	(CH)	How long 3 days
Immediate	Right hemiplegia	(CH)	How long 1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician M.M.R. Erickson	Address Eck Ridge

Accident or Suicide?

W. J. Hickman Esq
Melville
Howard

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	Bucksport	County	Hudson
Date of death 1906	Month	September	Day	Tuesday
Sex	Color or Race	White	Age	2 years
Married, Single or Widowed	Occupation			
Name of Wife or Husband	Oliver Hunt, Ida Hunt			
Father's Name	Oliver Hunt			
Mother's Maiden Name	Ida Busey			
Name of person giving information	How related to deceased			

CAUSES OF DEATH	
Primary	Malaria
Immediate	(15)
Are the name, age, sex, color, date and place correctly given above?	Yes

How long
• Several weeks

How long

Signature of Physician

B. F. Busey M.D.

Address

Lixaer Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Interment at Mt. Zion
Cemetery

Mr. C Brooks

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

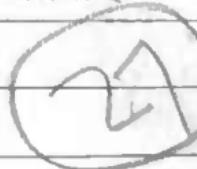
Julia R. Kunkle				CERTIFICATE OF DEATH		
Died at	Town	Month	Day	County	MARYLAND	
Date of death	190	Sept	6	Baltimore	Months	Days
Sex	Female	Color or Race	Age	Years		
Occupation	No	white	29		Birth-place	Pennsylvania
Married, Single or Widowed		Where Residing if not at place of death				
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Melancholia
Tuberculosis



How long

5 yrs

Immediate

How long
1 yr
C.P. Eunor
Mr. Hope, M.D.

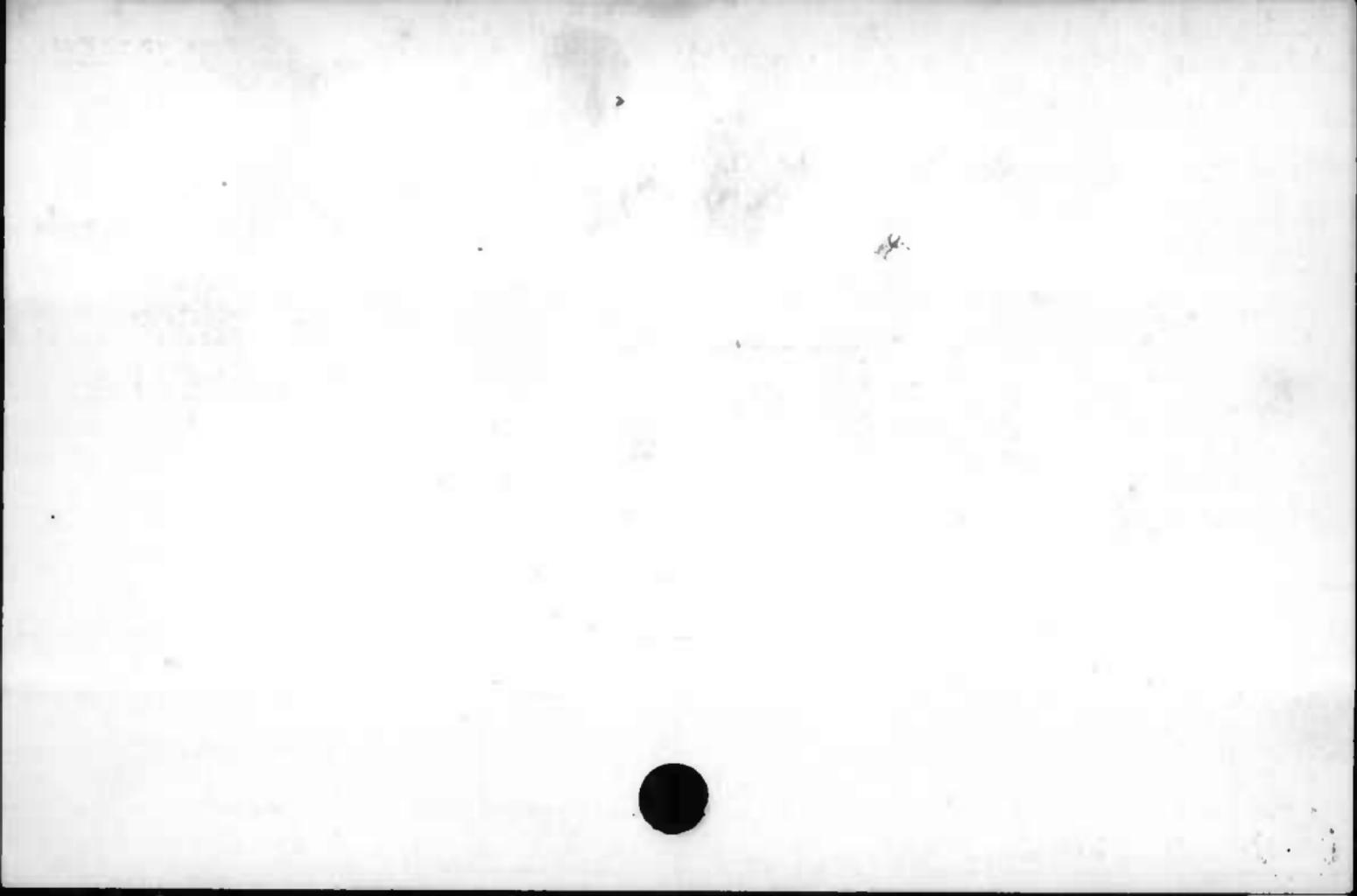
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

No



Name
in
Full

Walter Mitchell Jamm

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Woodlawn	Town	Sta	County	Balts	MARYLAND
Date 'of death	1906	Month	Sept	Day	11 th	Years
Sex	Male	Color or Race	White	Age	33	Months
Occupation	Cashier	Where Residing if not at place of death	—	Birth- place	Md	Days
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Name	George Jamm	Balts Co
Mother's Maiden Name	May Mitchell	—	—	Mother's Name	—	Balts Co
Name of person giving Information	A. C. Smith	How related to deceased	✓	How long	4 years	Physician

CAUSES OF DEATH

Primary	Lung or pharynx Tuberculosis	How long
Immediate	Pneumonia	How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

A. C. Smith M.D.
Woodlawn Sta
Md

PHYSICIAN
OR CORONER



Accident or Suicide?

Joe Cook
Woodlawn

Name
in
Full

Henry M. James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Sheppard Hospital-Towson	Baltimore				
Date of death	Month	Day	Years	Months	Days
1906	Sept	17	70	?	?
Sex	male	Color or Race	white	Birth-place	New York
Occupation	Carpenter		Where Residing if not at place of death	Sheppard Hospital	
Married, Single or Widowed	Name of Wife or H.		annie Gregg		
Father's Name	John James			Father's Birthplace	N.Y. State
Mother's Maiden Name	Maurine		?	Mother's Birthplace	?
Name of person giving information				How related to deceased	

CAUSES OF DEATH

Primary: Heart Disease { Aortic and mitral insufficiency How long Chronic
died in sleep - no autopsy How long

Immediate made

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edward W. Brush
Sheppard Church Practice
Towson

PHYSICIAN
OR CORONER



Accident or Suicide?

W. C. Wiedefeld
914 Greenman
Cathedral Cemetery

Name
in
Full

Elenore Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Baltimore	Baltimore			
Date of death	Month	Day	Years	Months	Days
1906	September	26	Age	3	11
Sex	Female	Color or Race	White	Birth-place	Baltimore,
Occupation	Nurse	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James Jones	Father's Birthplace Baltimore.			
Mother's Maiden Name	Annie Armstrong	Mother's Birthplace Baltimore			
Name of person giving information	Annie Jones	How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

(119)

How long

4 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Braggs
Baltimore

1

Accident or Suicide?



Name
in
Full

John Jones

CERTIFICATE OF DEATH

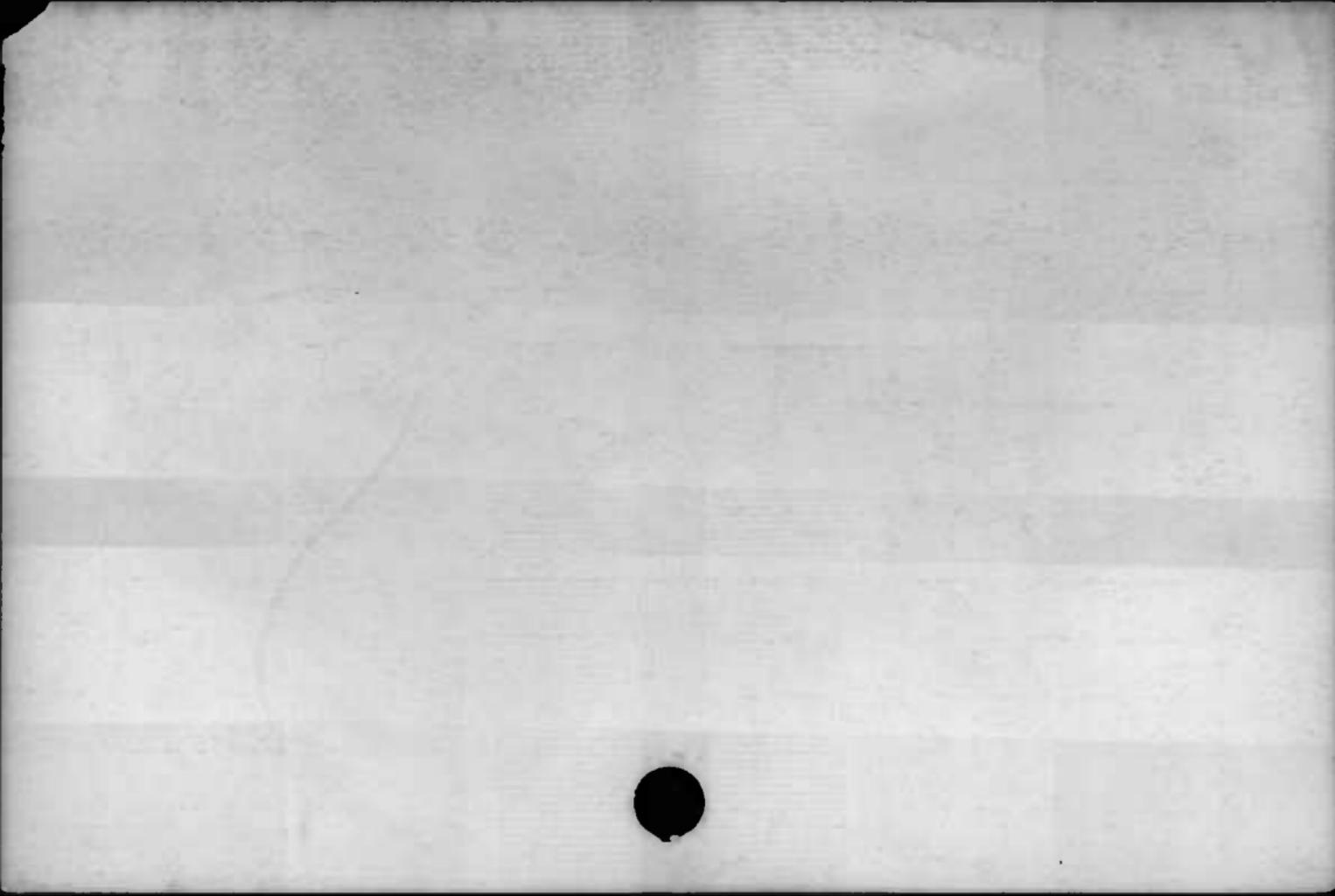
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	September	20 th	Age 29	3 4
Sex	Male	Color or Race	White	Birth-place
Occupation	Bank Clerk		Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Daniel Jones		Father's Birthplace	Springfield
Mother's Maiden Name	Mary Dickeson		Mother's Birthplace	Ashbury
Name of person giving information	Robert Staines		How related to deceased	Cousin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gunshot-wound in abdomen		How long	One week
Immediate	General Peritonitis		How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank Burden	
Yes		Address	848 W. Lombard St. Baltimore Md.	
Accident or Suicide?		Accident-		



Name
in
Full

CERTIFICATE OF DEATH

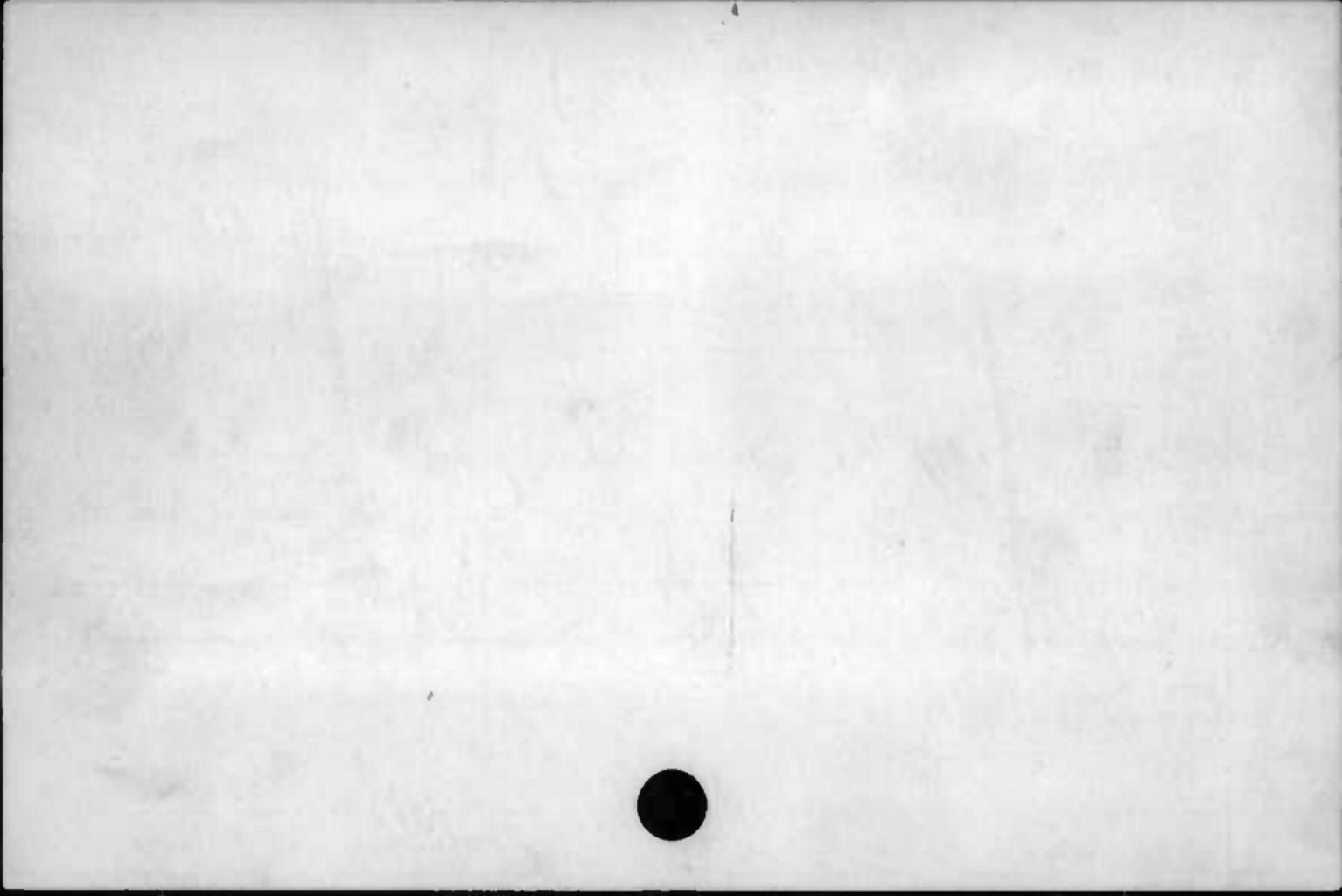
To BE ANSWERED BY
NEAREST FRIEND

Town Died at	County	MARYLAND			
Date of death 1906	Month 9	Day 2	Years 19	Months 5	Days
Sex Male	Color or Race white	Birth- place Ball.			
Occupation Tailor	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband John J. Kelly				
Father's Name John J. Kelly	Father's Birthplace Ireland				
Mother's Maiden Name Bridget Kelly	Mother's Birthplace "				
Name of person giving Information Woodward	How related to deceased " —				

CAUSES OF DEATH		
Primary Accident	How long 166	
Immediate " Shock	How long 3 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Woodward M.D.
		Address 180 W. Main St. Spanaway Point Mo.
Accident or Suicide?		

PHYSICIAN
OR CORONER

1



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Edmund Keynes		Father's Birthplace			
Mother's Maiden Name	Mary Walker		Mother's Birthplace			
Name of person giving information	Ed Keynes		How related to deceased			
CAUSES OF DEATH						
Primary	Steel Bone		How long			
Immediate			How long			

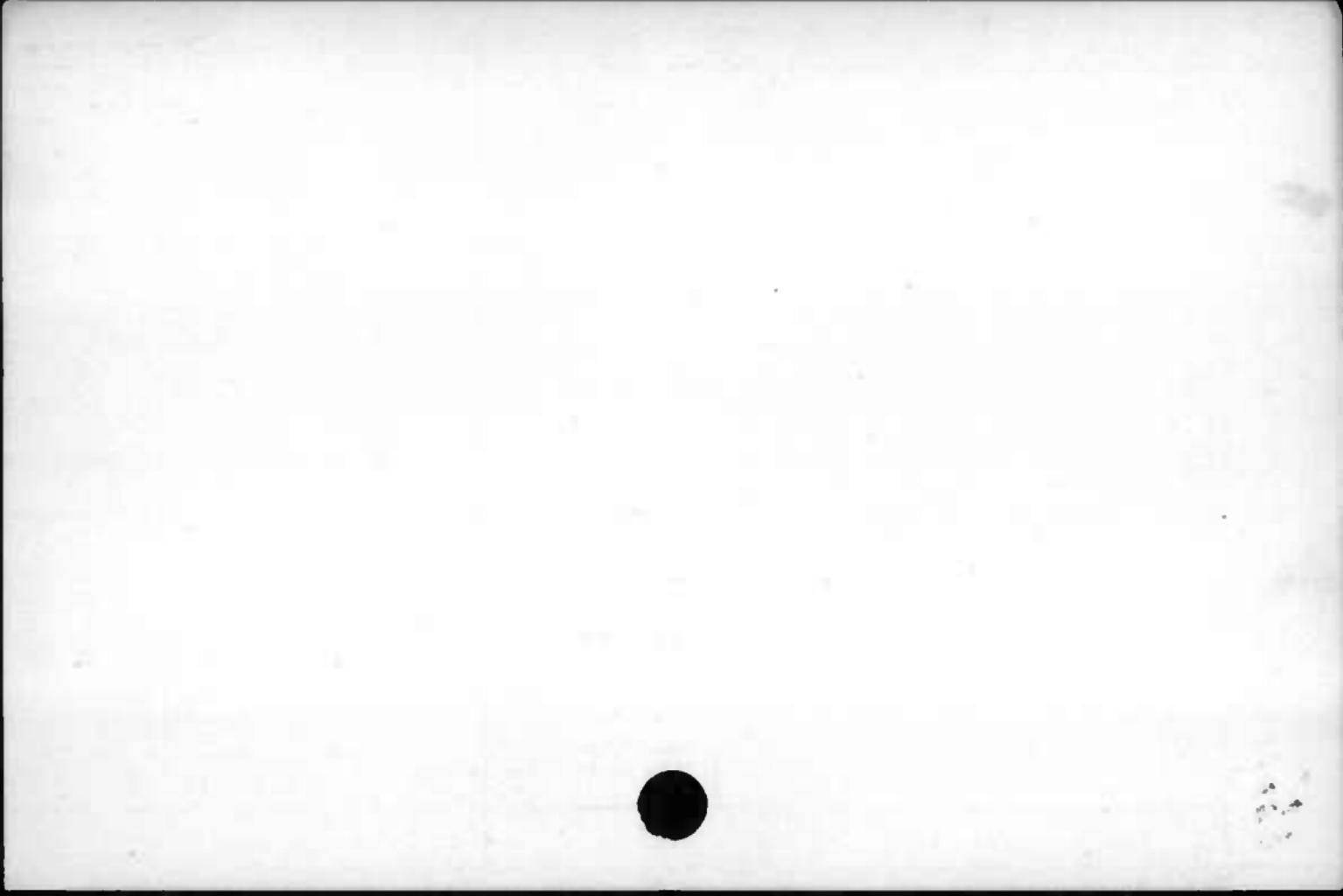
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Jane E. Kidd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Washington D.C.	
Married, Single or Widowed	Widow		Occupation			
Name of Wife or Husband				Father's Name	John Skippon	
Mother's Maiden Name	Elizabeth Barnimack			Father's Birthplace	England	
Name of person giving Information	Mamie E. Kidd			Mother's Birthplace	England	
How related to deceased				Daughter		

CAUSES OF DEATH

Primary

Insomia of age

(54)

How long

- 6 Months

Immediate

Heart Failure

How long

24 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

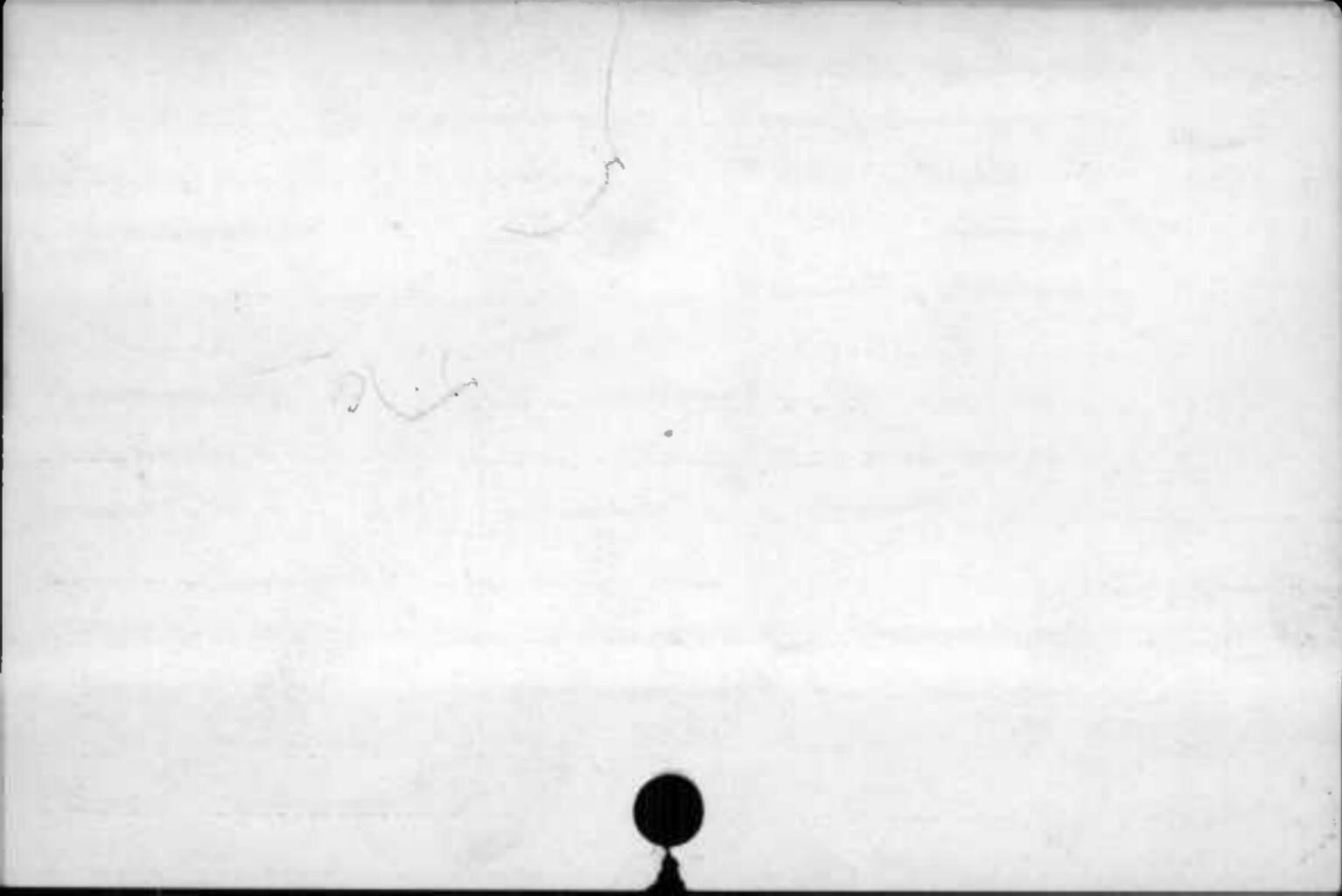
Address

Joseph Baldwin
Freeland R.D. #1
Beds Co Md

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Annelie Klaas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Sept.	28	an	12	8
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	School Girl		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Annel J. Klaas		Father's Birthplace	Germany	
Mother's Maiden Name	Sophia Meyer		Mother's Birthplace	Germany	
Name of person giving information	Annel J. Klaas		How related to deceased	Father	

CAUSES OF DEATH

Primary

Typhoid Fever



How long

10 days

Immediate

Institution Hernorrhage

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. G. Shedd M.D.

Address

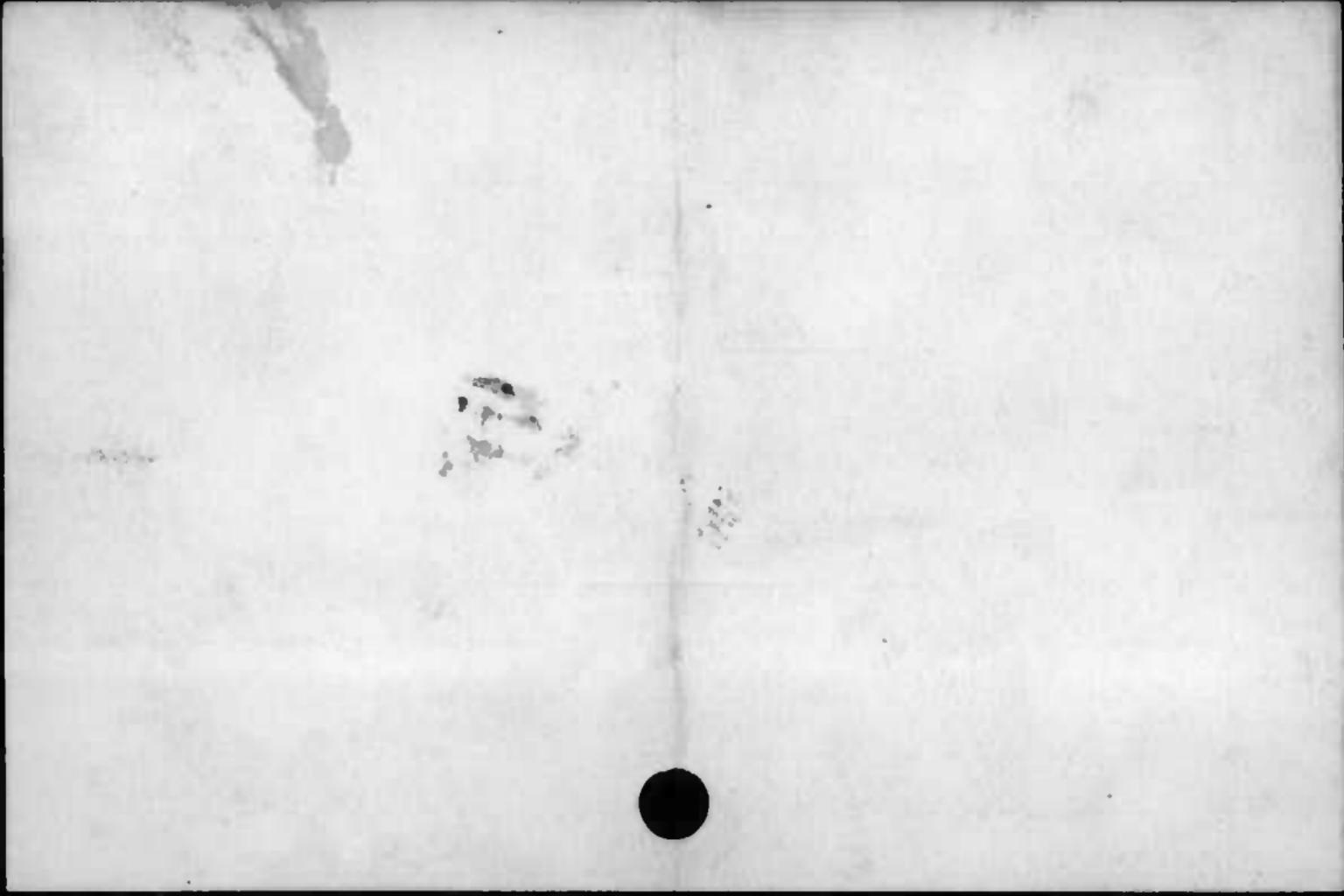
Spruce Street
Md

P H Y S I C I A N
OR CORONER



Accident or Suicide?

220



Name
in
Full

Leslie Catherine Klein

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	Sep	14	Age	3 mos 7 days
Sex	Color or Race	Birth-place	Westport	
Female	White			
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	John Klein	Father's Birthplace	Balto. City	
Mother's Maiden Name	Kate Goswick	Mother's Birthplace	Baltimore City	
Name of person giving Information	W. J. Tuckner	How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infantile Diphagitis

(104)

How long

about 6 weeks

Immediate

Inanition Marasmus

How long

about 6 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W-B Bureau No 5
828 N. Calvert St.

1

Accident or Suicide?

Ellen & Wolf

Wed Aug - 14 - 1942
age 6 yrs 3 mos 18 days

Name
in
Full

Child of August & Katie Lineweber

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Highlandtown
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		419 Bank St. Eng.		
Father's Name	August Lineweber				
Mother's Maiden Name	Katie Hettchen				
Name of person giving information	August Lineweber				
Father's Birthplace Germany					
Mother's Birthplace Balto.					
How related to deceased Father					

CAUSES OF DEATH

Primary

Primature Birth

How long

150

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Magic Kingdom
5004
Wick for Slants

Accident or Suicide?

~~44~~ St. Paul Iow.
Hennig & Son
9/6/06

Name
in
Full

Eleanor Bonine Lynch

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Grange

Baltimore

Date
of death

1906

Month

Sept

Day

1

Years

Age 40

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

Where Residing If not
at place of death

at Place of Death

Married, Single
or Widowed

Married

Name of Wife or
Husband

William P Lynch

Father's
Name

Joseph Bone

Father's
Birthplace

Ind

Mother's
Maiden Name

Mary J. Dainger

Mother's
Birthplace

Ind

Name of person giving
Information

William P Lynch

How related
to deceased

Husband

CAUSES OF DEATH

43

How long

2 yrs

How long

Primary

Carcinoma of Breast

Immediate

Exhaustion

Signature of
Physician

Address

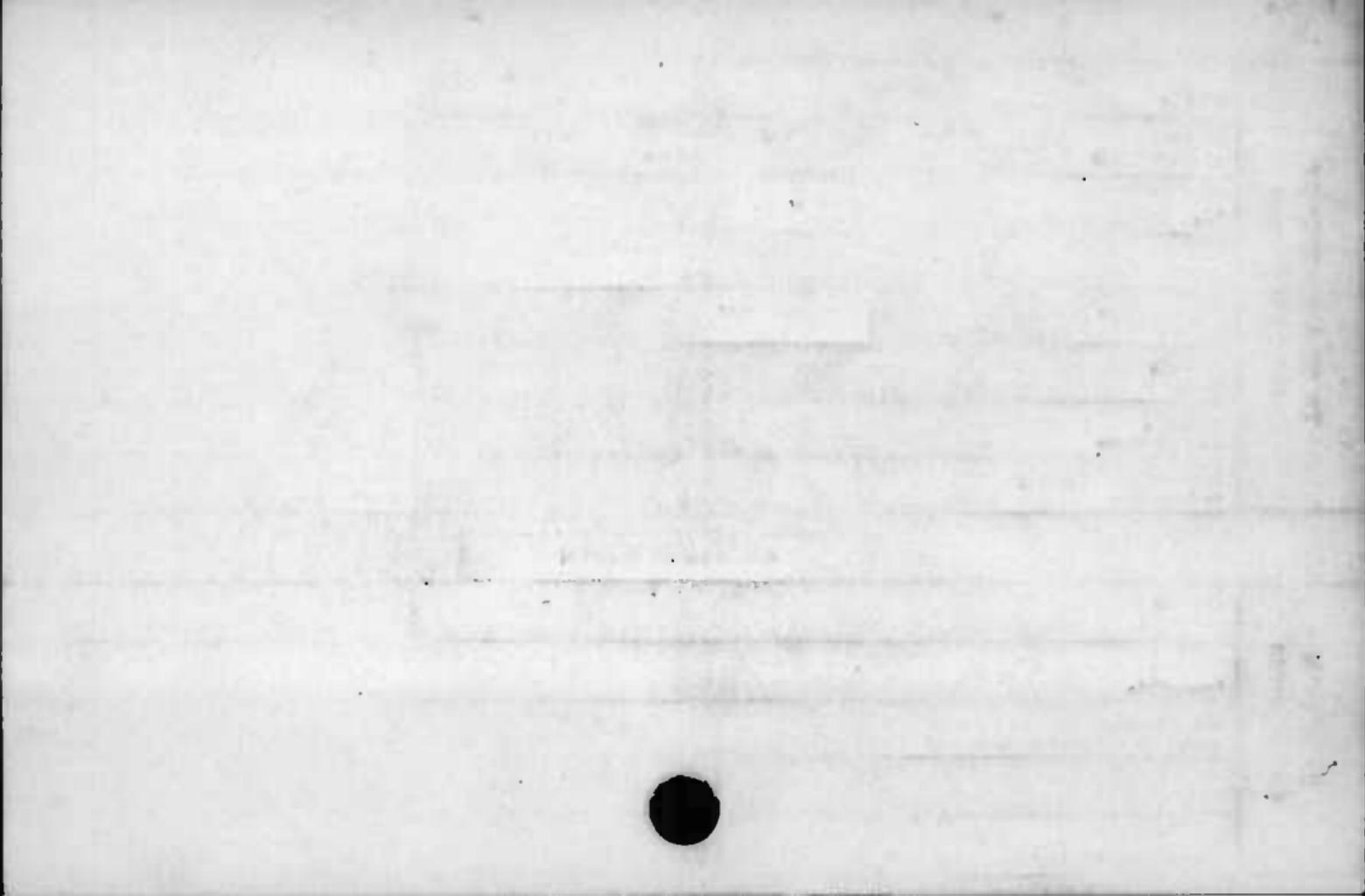
J. F. Powers M.D.
2571 E Boston

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Annie Lyons

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	96		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Daniel Lyons			
Father's Name	Griffith Williams				
Mother's Maiden Name	Not Known				
Name of person giving information	Daniel Lyons				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes		How long	2 months
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	David W. Jones
			Address	3116 O'Connell St
Accident or Suicide?				

M. Lammel
Lamme & Son
H. Lander & Sons

Name
in
Full

Duncan M C Brayne

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Canton

County
Baltimore

MARYLAND

Date
of death 190

Month
6 Sept.

Day
18

Years
35

Months
—

Days
—

Sex
Male

Color or
Race
white

Birth-
place
Scotland

Occupation
Sailor

Where Residing if not
at place of death
S/S Indrini

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

J. V. Boston

How related
to deceased

No Relation

CAUSES OF DEATH

Primary

Drowning

(72)

How long

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

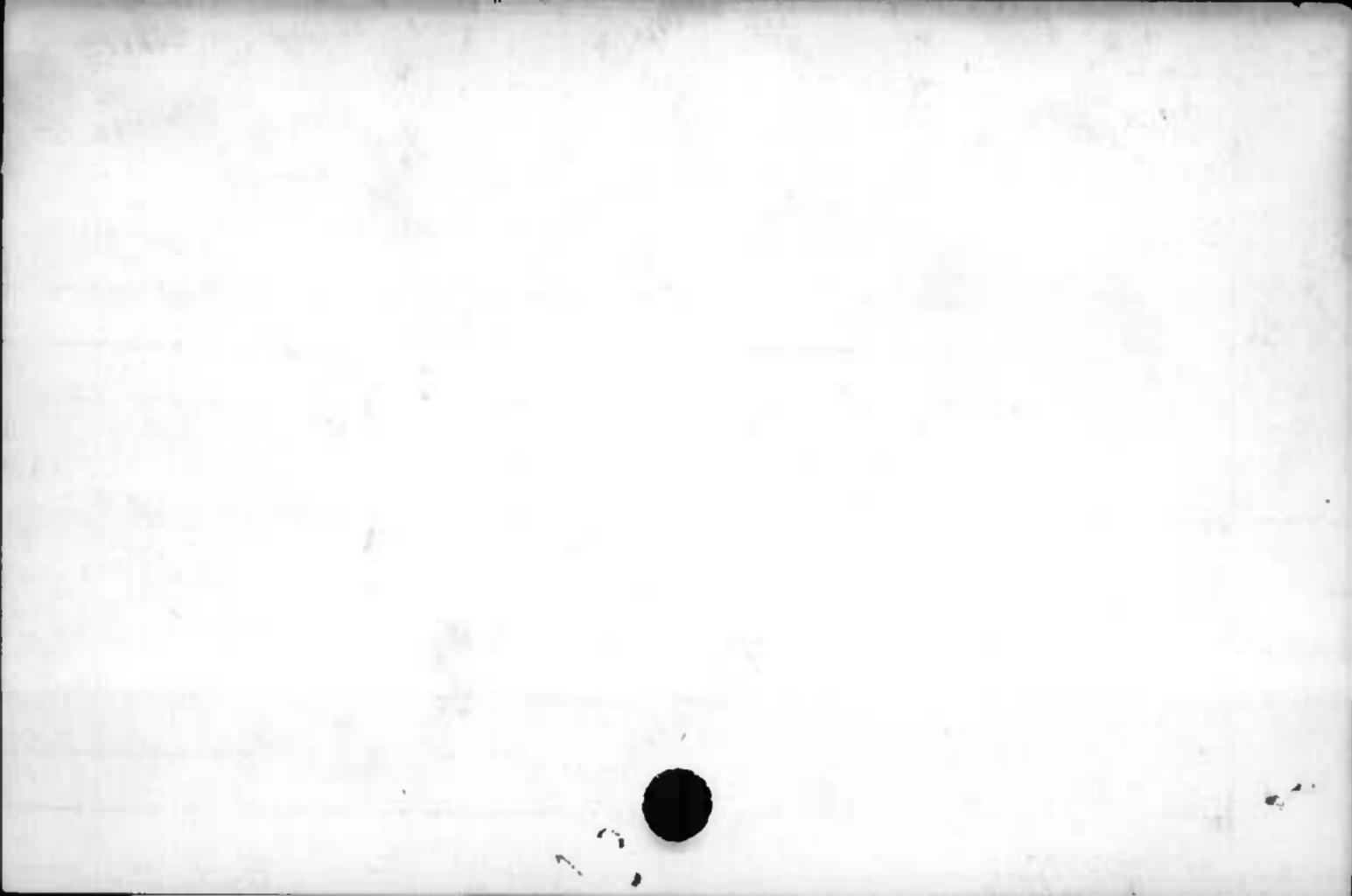
Signature of
Physician

O. G. Dunnigan
203 Boone St.
Coroner



Accident or Suicide?

Accident



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Agnes McKeelty

CERTIFICATE OF DEATH

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	8	Months	—	Days
Sex	Female	Color or Race	White	Birth-place Maryland Frankland Town			
Occupation	Where Residing If not at place of death			Frankland Town			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	James McKeelty			Father's Birthplace	Cleveland		
Mother's Maiden Name	Margaret McKeelty			Mother's Birthplace	Cleveland		
Name of person giving Information	James McKeelty			How related to deceased	Father		

CAUSES OF DEATH

Primary

Cholera Infantum

105

How long

How long

Immediate

Exsanguine

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Jen

Address

A. C. Smith
Woodlawn Sta

Accident or Suicide?

Franklin town

St Agnes Cemetery.

Name
in
Full

Martha J. Manning

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

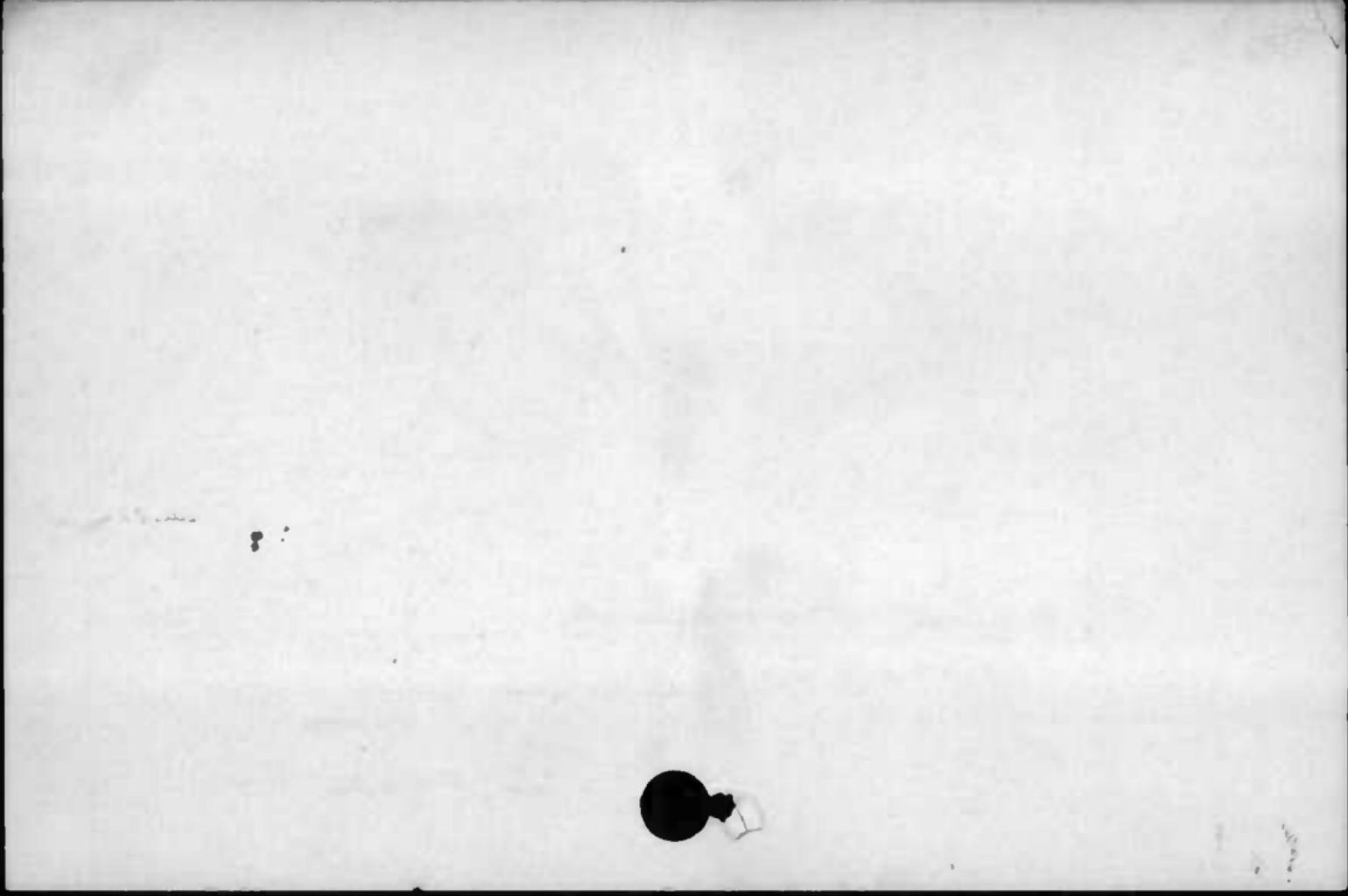
Town	Baltimore	County	MARYLAND	
Died at Sparrows Point				
Date of death 1906	Month Sept.	Day 28th	Years 40	Months 9 Days
Sex Female	Color or Race white		Birth-place Maryland	
Occupation House wife	Where Residing if not at place of death Sp. Pt.			
Married, Single or Widowed Married	Name of Wife or Husband Thomas Manning			
Father's Name John Kelley		Father's Birthplace Ireland		
Mother's Maiden Name Eliza Nixon		Mother's Birthplace Ireland		
Name of person giving Information Thomas Manning		How related to deceased Husband.		

CAUSES OF DEATH

Primary Malaria Fever	(4)	How long 2 weeks
Immediate Valvular disease of heart	(4)	How long 1 hour
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician G. W. Cornier MD	
	Address Sparrows Point	
Accident or Suicide? no		MD

PHYSICIAN
OR CORONER





Name
in
Full

Peter M. Manning

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	St. Agnes Hospital, Balt.	Baltimore	Months	Days	
Date of death	Month	Day	Years	Months	Days
1906	Sept	1	53		
Sex	Male	Color or Race	White	Birth-place	13 Balt.
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Peter Manning.			Father's Birthplace	Ireland.
Mother's Maiden Name	Ann.			Mother's Birthplace	Ireland.
Name of person giving information	Dr. Kernan			How related to deceased	Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

(64)

How long

2 Days

Immediate

Convulsions

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

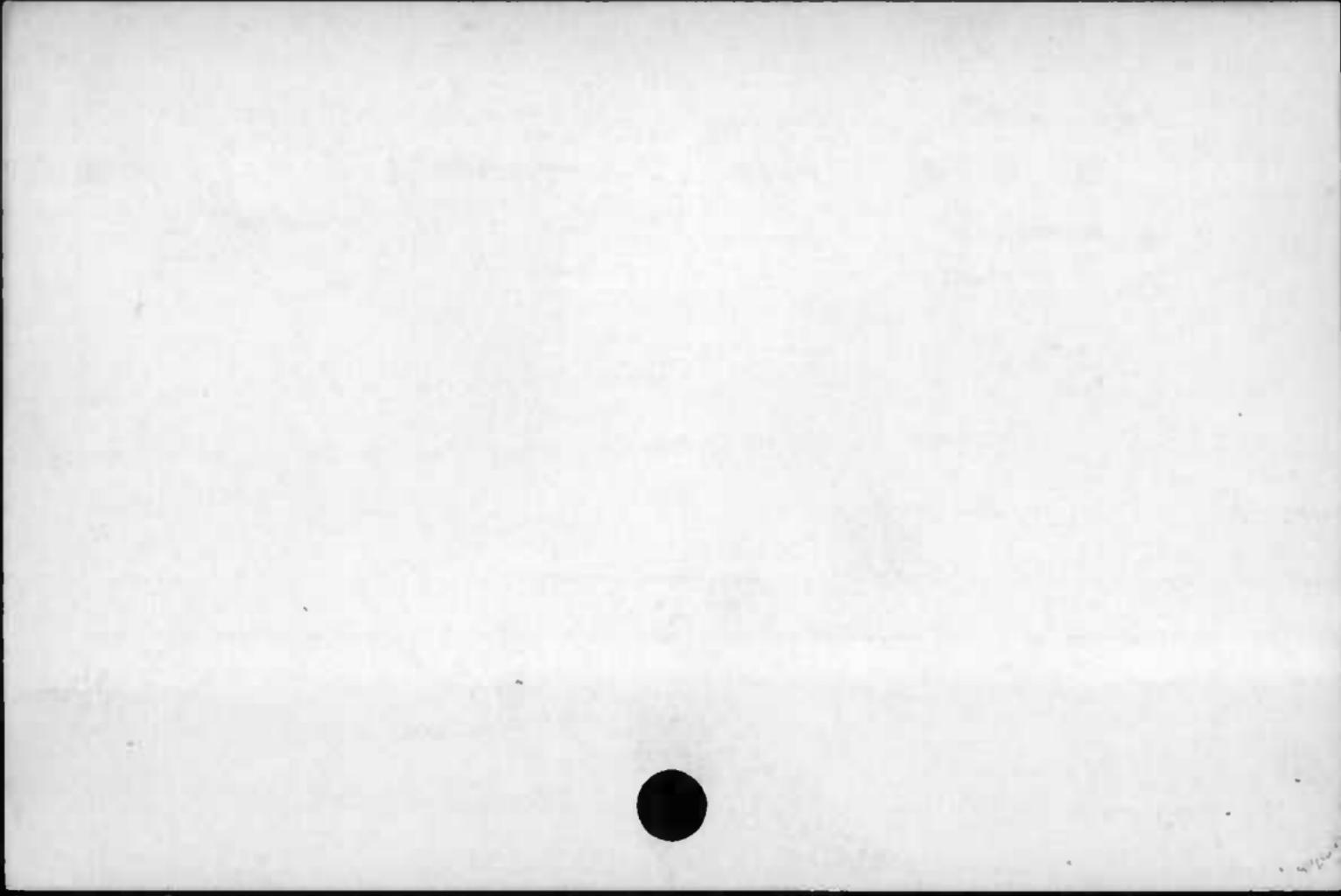
Address

Dr. Shaw

St. Agnes' Hospital
City.

Accident or Suicide?





Name
in
Full

Catherine Sara Markley

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Lanaville	Baltimore	
Date of death 1906	Month Sept	Day 24	Years
			Age 9 months
			Months 8
			Days 20
Sex	Female	Color or Race	white
Married, Single or Widowed	Infant	Occupation	-
Name of Wife or Husband	-		
Father's Name	Samuel Markley Jr		
Mother's Maiden Name	Mrs. Edmund		
Name of person giving information	Samuel Markley		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hepatitis

105

How long

one week

How long

12 hours

Immediate

Exhaustion

Signature of Physician

N Young Westbrook N.Y.

Address

237 Gorsuch Avenue
Baltimore Md.

Accident or Suicide?

Erdmann Cen
Sept 26/08
WauCook
507E North Ave

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Grace E Martee
Died at McWashington Town Baltimore County
Date of death 1906 Month 9 Day 13 Age 5 Years
Sex Female Color or Race white Birth-place Md.

Occupation _____ Where Residing If not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Louis S Martee Father's Birthplace Md

Mother's Maiden Name Caroline Gusk Mother's Birthplace Md

Name of person giving Information Louis S Martee How related to deceased Father.

CAUSES OF DEATH

Primary Diphtheria How long 14 days

Immediate Asthma How long _____

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address William J Irda

McWashington Md

Accident or Suicide?

(1)

Donald H. Knapp

Name
in
Full

Loucas Martin

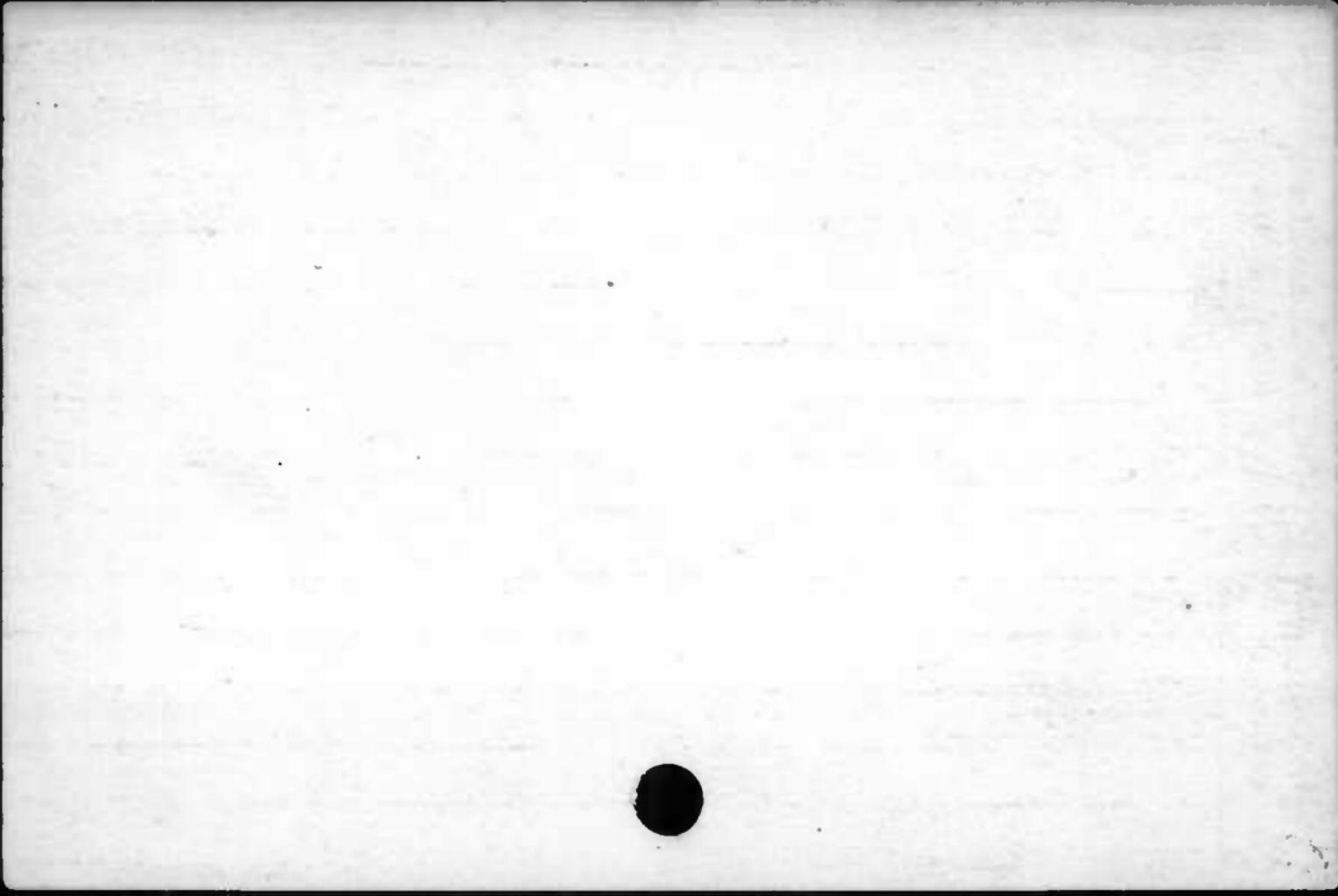
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Parkton</u> <small>Town</small>	<u>Baltimore</u> <small>County</small>		MARYLAND		
Date of death <u>1906</u>	Month <u>9</u>	Day <u>1</u>	Age <u>71</u>	Years	Months <u>4</u> Days <u>14</u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>end</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband				
Father's Name <u>Don't know</u>	Father's Birthplace <u>China</u>				
Mother's Maiden Name <u>Frances Martin</u>	Mother's Birthplace <u>India</u>				
Name of person giving information <u>James Martin</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary <u>Diarrhoea</u>	(100)	How long <u>7 weeks</u>
Immediate <u>Intestinal Haemorrhage</u>		How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. R. Harris</u>	Address <u>Parkton</u>
Accident or Suicide?	1	



Name
in
Full

Mary Martin
non Humpstead Balto

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	9	8	75-	2	16
Sex	Female	Color or Race	white	Birth- place	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband		Luther Martin		
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary

Old age

(54)

How long

Immediate

Heart Failure

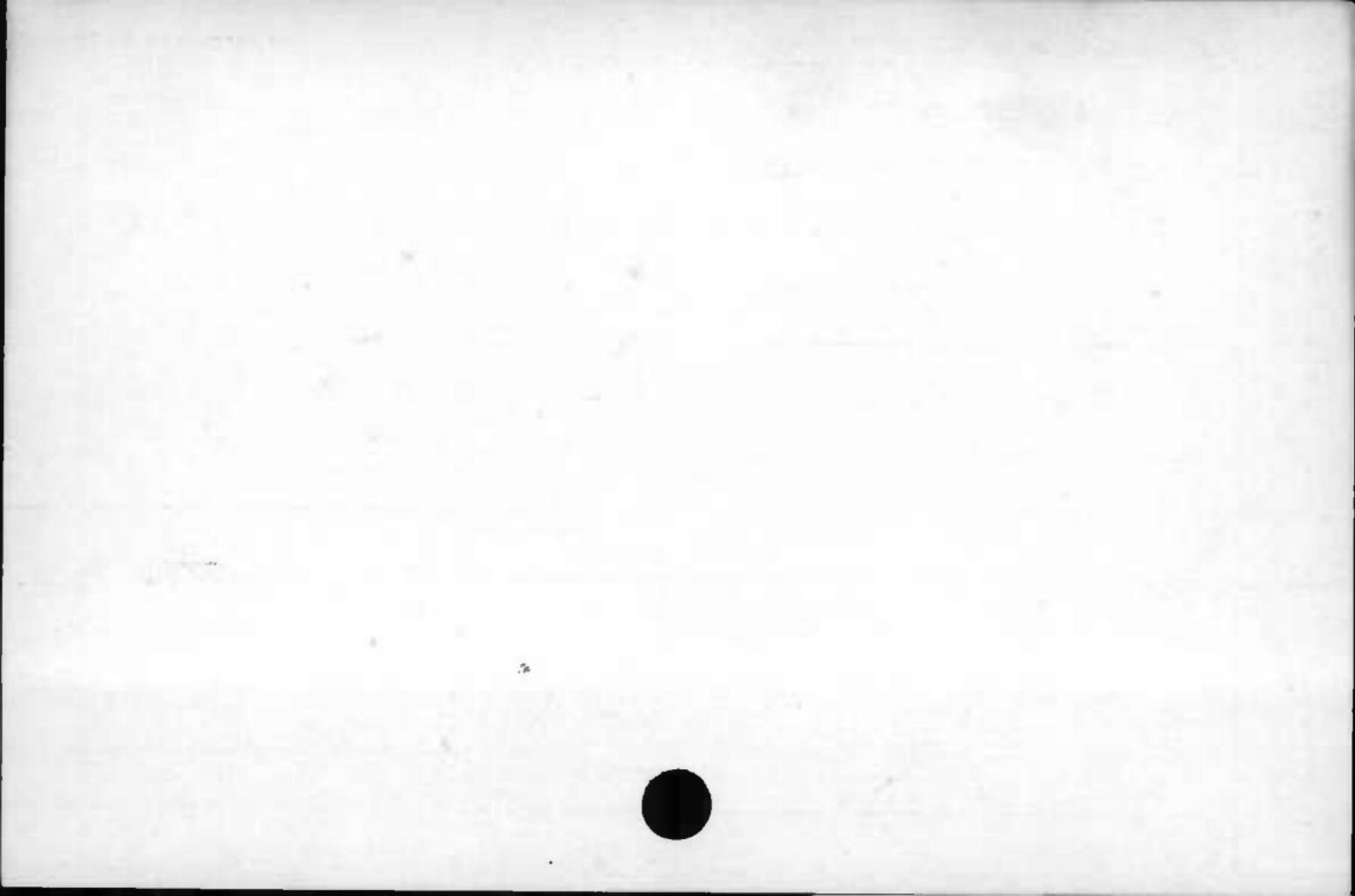
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

R. C. Wells
Hampstead Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Infant of Harry & Emma J. Neekins

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death 190

Sept

23

Age

Sex

Male

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Balto Co

5 Lyman Av

Father's
Name

~~Harry & Neekins~~

Father's
Birthplace

Wash. DC

Mother's
Maiden Name

~~Emma J. Crosby~~

Mother's
Birthplace

Balto City

Name of person giving
Information

~~Harry & Neekins~~

How related
to deceased

Father

CAUSES OF DEATH

Primary

~~Not Known~~

How long

Immediate

~~Prematurity since not known~~

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

~~Yes~~

Signature of
Physician

~~S. R. Wainz MD~~

Address

~~765 - 3rd Ave~~

Accident or Suicide?

H. S. Ward Hall 3539 Fall Roof
5 Baltimore County City
Sept 24-56

Name
in
Full

David H. Norris

CERTIFICATE OF DEATH

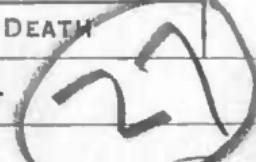
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Sarah Elizabeth Smith		
Mother's Maiden Name	Edward Norris	Father's Birthplace	Maryland
Name of person giving information	Emeline Appleby	Mother's Birthplace	Maryland
	Sarah Elizabeth Norris	How related to deceased	Wife

CAUSES OF DEATH

Primary

Consumption



How long

2 years

Immediate

Exhaustion

How long

2 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

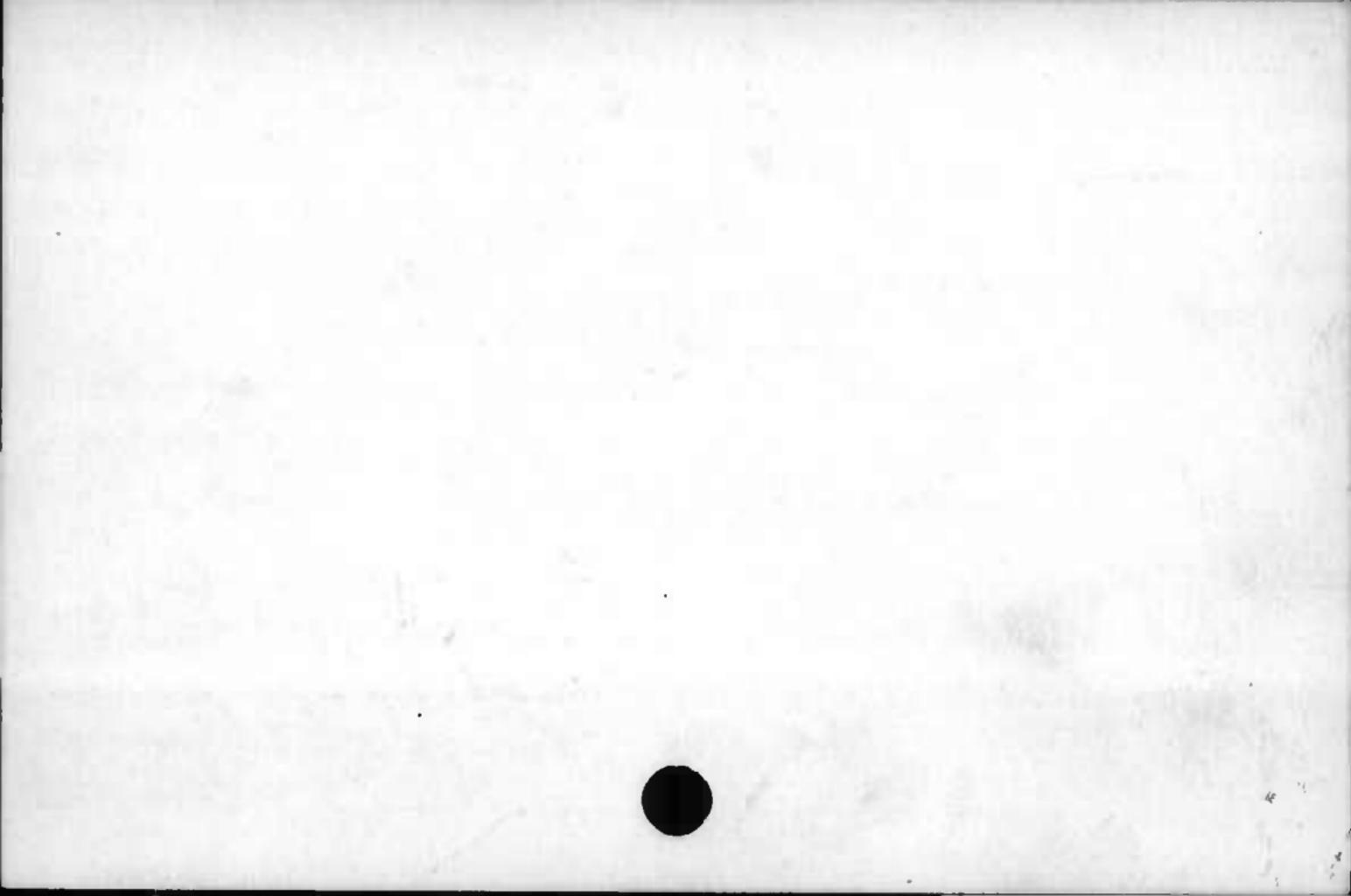
Signature of Physician

Address

P.J. Byrce
Ellicott City
Md.

Accident or Suicide?





Name
In
Full

Jamestown Parish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Col.	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Maria -	
Father's Name	Dont Know		
Mother's Maiden Name	Dont Know		
Name of person giving Information	Joseph Clayton How related to deceased not at all		

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary

Nephritis

(120)

How long

Abrupt & weak

Immediate

Uremia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

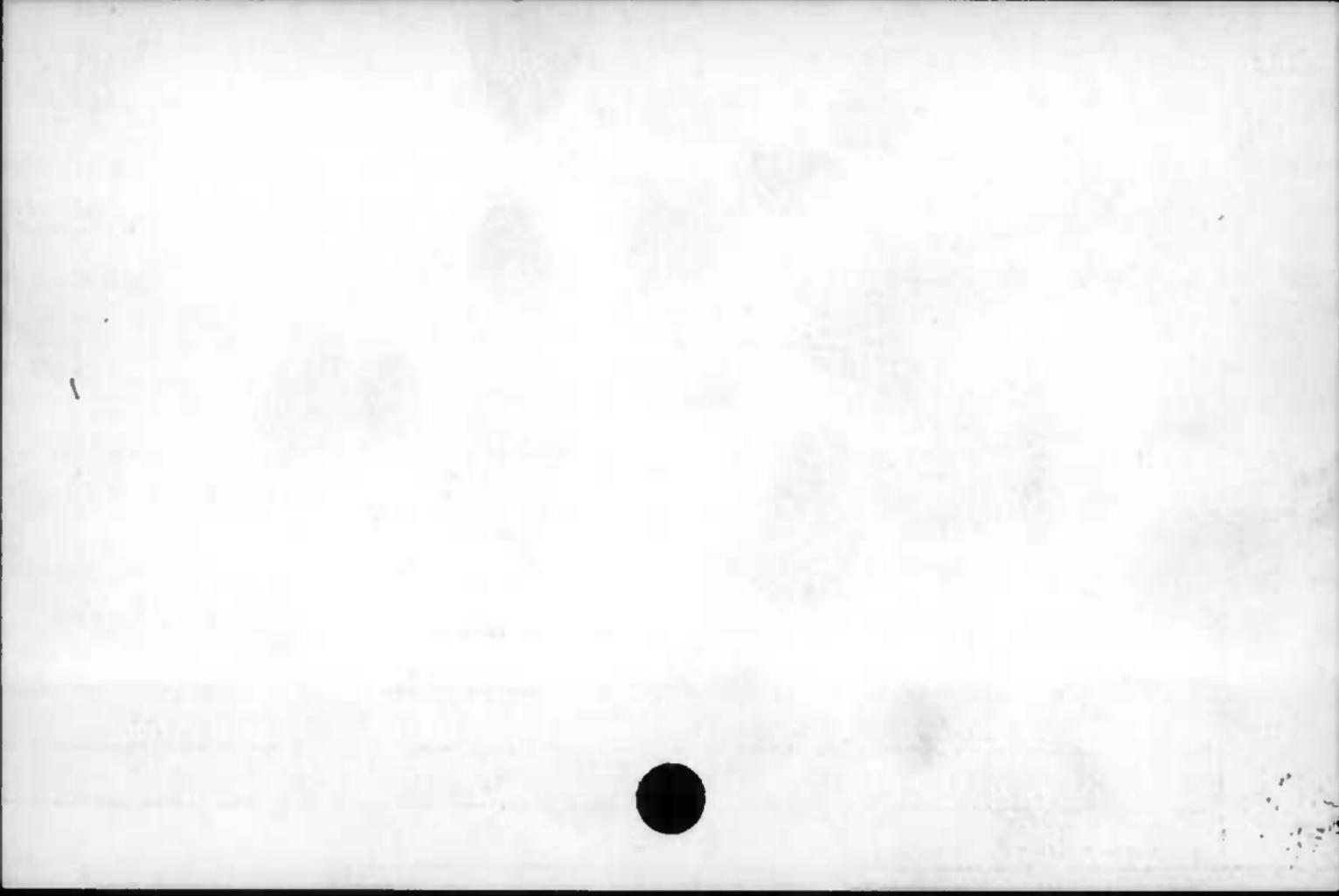
Signature of Physician

Address

E. J. Clayton
1108 Chesapeake

Accident or Suicide?

No



Name
in
Full

John G. Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Gowen	Baltimore			
Date of death	1906	Month	Day	Years	Months Days
Sex	Male	Color or Race	White	Birth-place	Massachusetts
Occupation	Retired	Where Residing if not at place of death Baltimore, Md			
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Phillips	Father's Birthplace	Mass
Father's Name	M ^r Daniel Phillips	Mother's Birthplace			
Mother's Maiden Name	Elizabeth Rodgers	How related to deceased daughter			
Name of person giving information	Miss Dulcie Phillips				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Anemia		(D)	How long 6 months more
Immediate	Cerebral Hemorrhage			How long Instantaneous
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. H. Rocking	
		Address	Spa St. Station, York Road, Granite.	
1	Accident or Suicide?			

Wm. Cook
for removal to
236 dolphin st
Lily-

Name
in
Full

Sarah Eliza Reid.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

I

Died at <u>Howard Park.</u>		<u>Town</u>	<u>Baldo</u>	<u>County</u>	<u>MARYLAND</u>	
Date of death	1906 Sept.	Month	21	Day	Years	18
Sex	<u>Femal.</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore City</u>	
Occupation	<u>Striographer.</u>		Where Residing if not at place of death	<u>Howard Park.</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>Single</u>			
Father's Name	<u>George Thomas Reid</u>		Father's Birthplace	<u>Md</u>		
Mother's Maiden Name	<u>Elizabeth Ann Hill</u>		Mother's Birthplace	<u>Wmd.</u>		
Name of person giving Information	<u>Susan V Reid</u>		How related to deceased	<u>Sister</u>		
CAUSES OF DEATH						

Primary

Pulmonary Tuberculosis

How long

2 1/2 yrs.

Immediate

Dyspnoea

How long

1 hour.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Holbox wh
Arlington

Accident or Suicide?

John E. Hough Co
11422 Penn Av
Sep 24/90
Snow's Ridge

Name
in
Full

Barbara Rees.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Baltimore Hospital			County	MARYLAND	
Date of death	1906	Month Sept	Day 21	Years 29	Months 1	Days
Sex	Female	Color or Race	White.			
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Mellon Rees.			
Father's Name	Jacob Graft			Father's Birthplace	Baltimore, Md	
Mother's Maiden Name	Barbara Smith.			Mother's Birthplace		
Name of person giving information	Jacob Graft.			How related to deceased	Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Internal Hemorrhage.

How long

How long

Immediate

Shock.

85

Are the name, age, sex, color, date and place correctly given above?

Yes

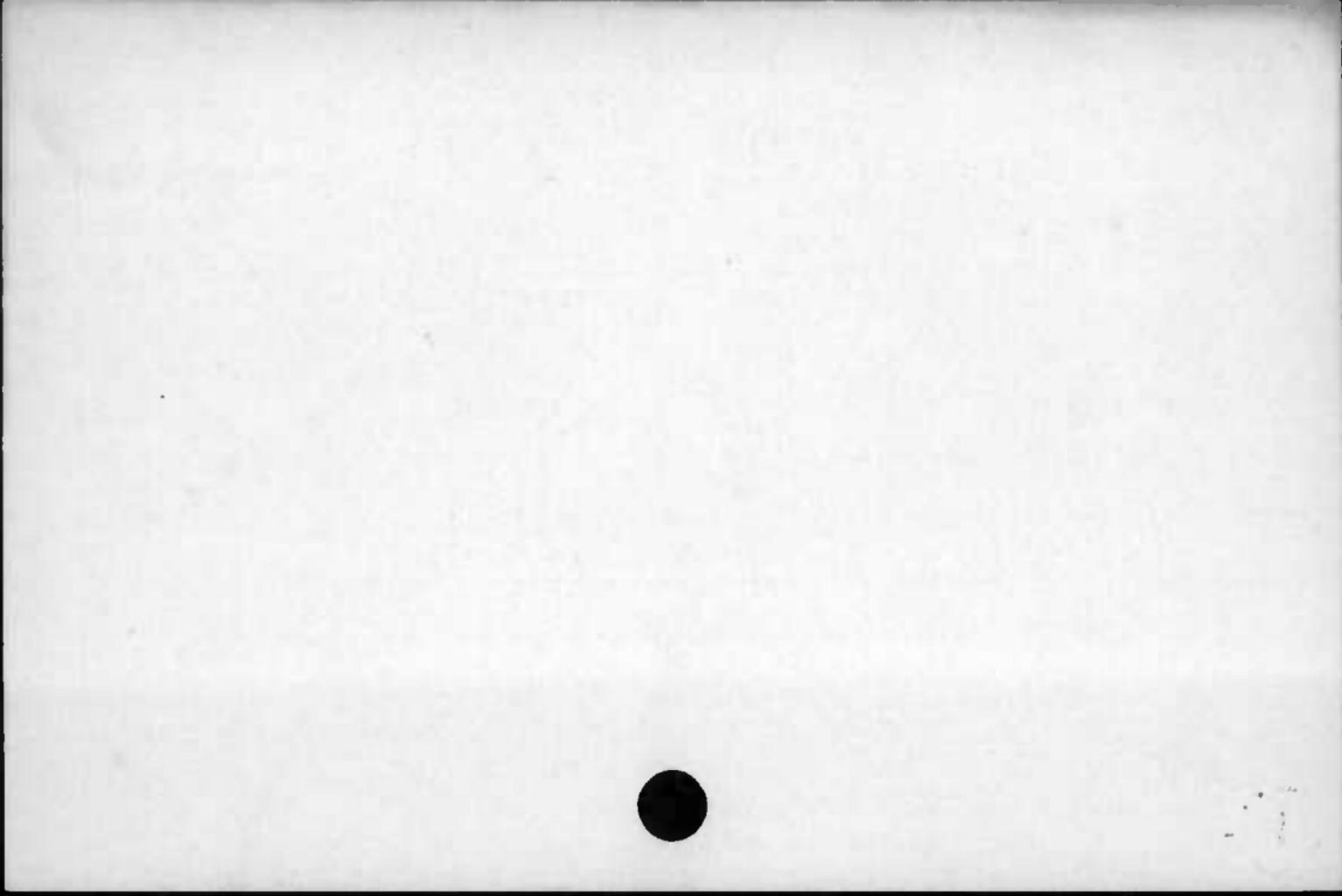
Signature of Physician

Address

J W Shaw.

St Agnes Hospital.

Accident or Suicide?



Name
in
Full

Matilda Robertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	54	54	
Occupation	House wife	Where Residing if not at place of death		Md-		
Married, Single or Widowed	Married	Name of Wife or Husband	Jacob Robertson	✓		
Father's Name	Chas. Campbell	Father's Birthplace		Md		
Mother's Maiden Name	not known	Mother's Birthplace		Md-		
Name of person giving information	Jacob Robertson	How related to deceased		husband		

CAUSES OF DEATH

Primary

Cancer

45

How long

and fever

Immediate

"

How long

" "

Are the name, age, sex, color, date and place correctly given above?

JL

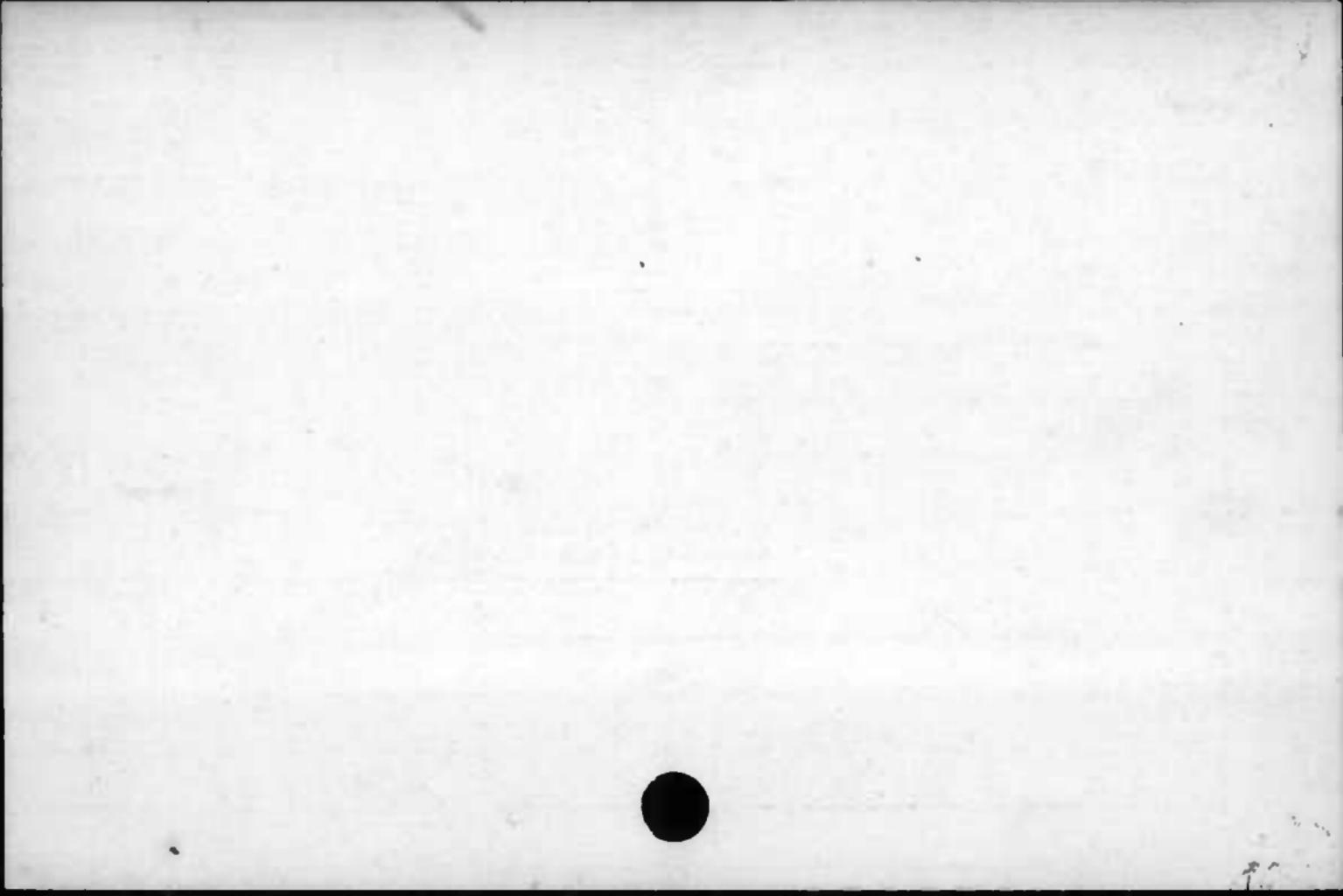
Signature of Physician

J. F. Gonsack -

Address

Fork Md -

Accident or Suicide?



Name
in
Full

John H. Robinson (Cont'd)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Near Winona, Minn.</u> ^{Town} ^{Wth Dist}			<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Sept	1 st	12			
Sex	Male	Color or Race	Colored	Birth-place	Md	
Occupation				Where Residing if not at place of death	As above	
Married, Single or Widowed	No.	Name of Wife or Husband	No.	Father's Birthplace		
Father's Name	John H. Robinson			Mother's Birthplace		
Mother's Maiden Name				How related to deceased		
Name of person giving information						

CAUSES OF DEATH

77

Primary

How long

Immediate

Drowning { Roberts Run
Near Winona, Minn.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Coroner Robert B. Clarke

Address

St. Dennis
Md

Accident • Suicide

Chas A.R. Earp

Name
in
Full

Harry Schleibene

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Rossville</u>	County <u>Baltimore</u>	MARYLAND		
Date of death	Month <u>Sept</u>	Day <u>9</u>	Age <u>Years</u>	Months <u>-</u>	Days <u>8-</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u></u>	Where Residing If not at place of death <u></u>	Birth- place <u>Mary</u>	
Married, Single or Widowed <u></u>	Name of Wife or Husband <u>Frances Schleibene</u>	Father's Name <u></u>	Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Laura Schleibene</u>	Mother's Birthplace <u>md</u>	Name of person giving Information <u></u>	How related to deceased <u></u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Measles

(15)

How long

18 day

How long

Cause
Rossville, Md.

Immediate

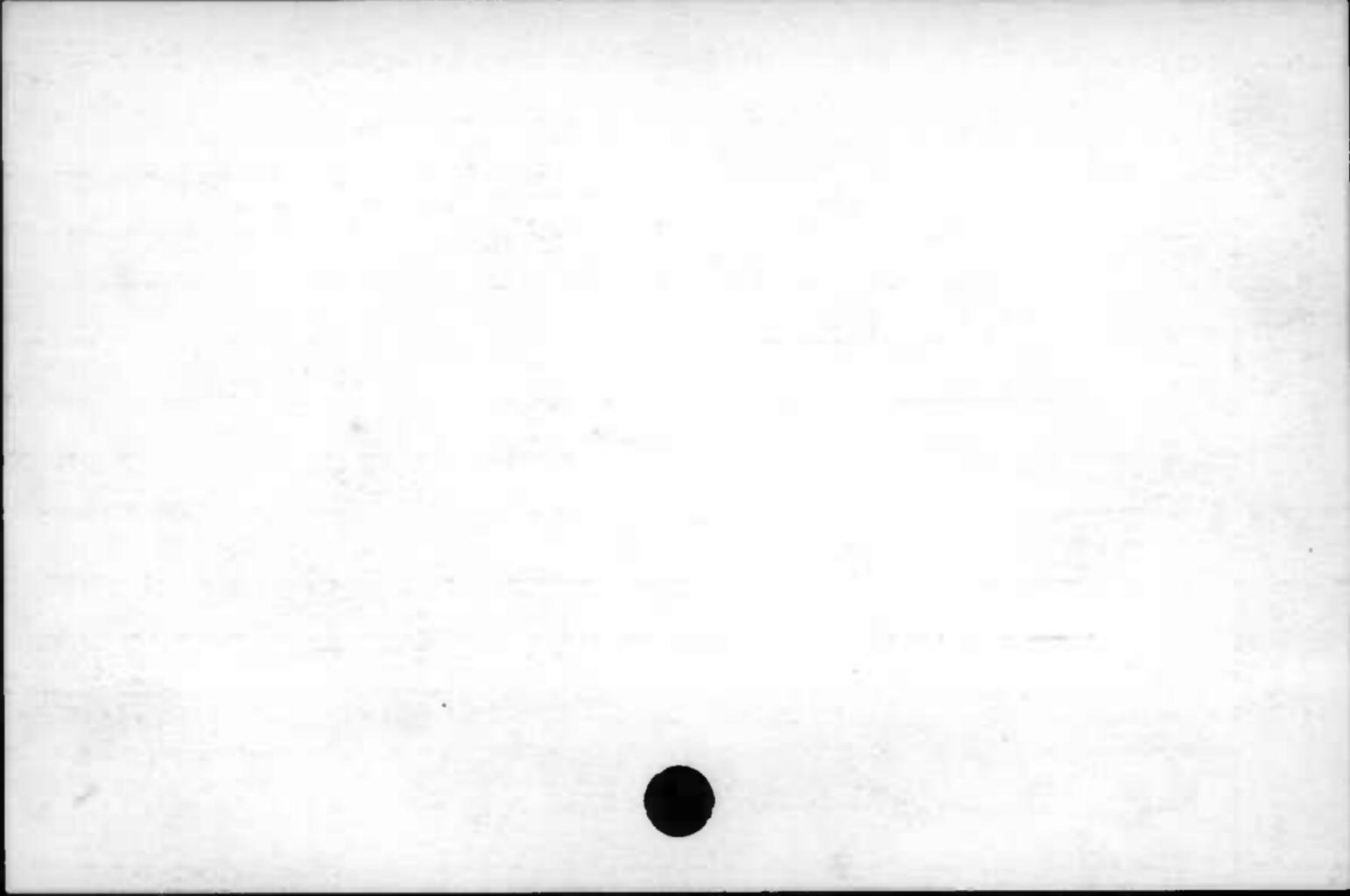
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

(1)



Name
in
Full

Not named

Schaper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Perry Hall	Baltimore		
Date of death	Month	Day	Years Months Days
1906	Sept.	22	— — —
Sex	Color or Race	Birth-place	
Female	white	Above	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Rossville Baltimore Co		
Jos. Schaper			
Mother's Maiden Name	Anne Raab	Father's Birthplace	
Parsons		Mother's Birthplace	Parsons
Name of person giving information	How related to deceased		

CAUSES OF DEATH

Primary

How long

—

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

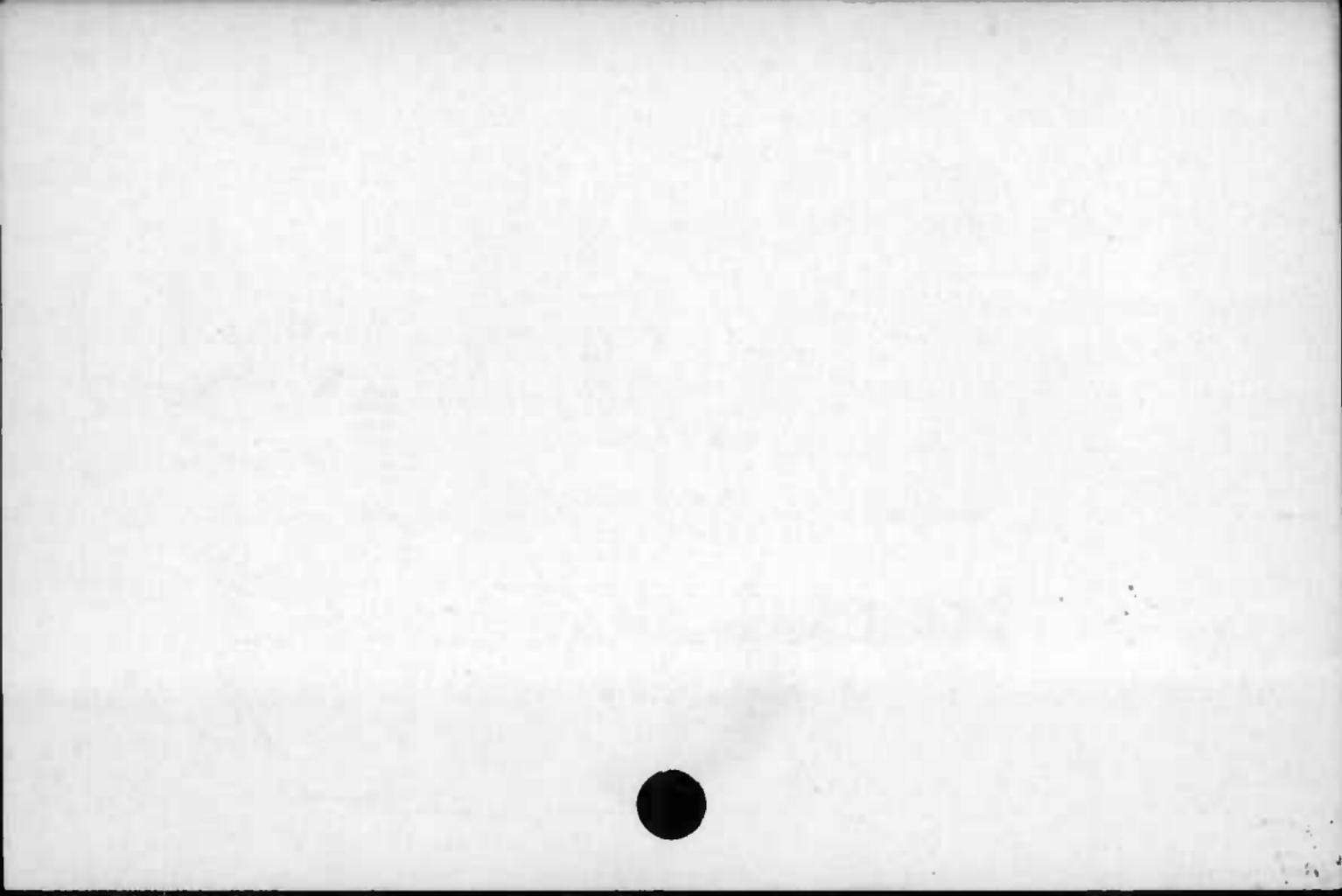
Signature of Physician

Address

Lugard Whitford
Millerton Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Scholastica Schenk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Nicholas Schenk		
Father's Name	Bernhard Haertl	Father's Birthplace	Germany	
Mother's Maiden Name	Rosina Weier	Mother's Birthplace	Germany	
Name of person giving Information	Eugen Schenk	How related to decedent	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

154

Immediate

Cardiac failure

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Dr. F. A. Glauney

Address

41 Eastern Dr.

Accident or Suicide?

Sacred Heart Cemetery

Sept. 17th 1906

Germanus Hansen

An der Later

Name
in
Full

Priscilla M. Schueff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	St Helena		County	Bolton	
Date of death	Month	Day	Years	Months	Days
1906	Sept	27	Age	1	14
Sex	Female		Color or Race	white	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John F. Schueff				
Mother's Maiden Name	Mary Patten				
Name of person giving information	Wm. Schueff				
Father's Birthplace	Baltimore Co.				
Mother's Birthplace	Baltimore City				
How related to deceased	Uncle				

CAUSES OF DEATH

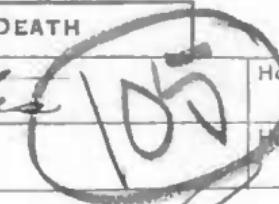
PHYSICIAN
OR CORONER

Primary

Hystero Enteritis

How long

week



105

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

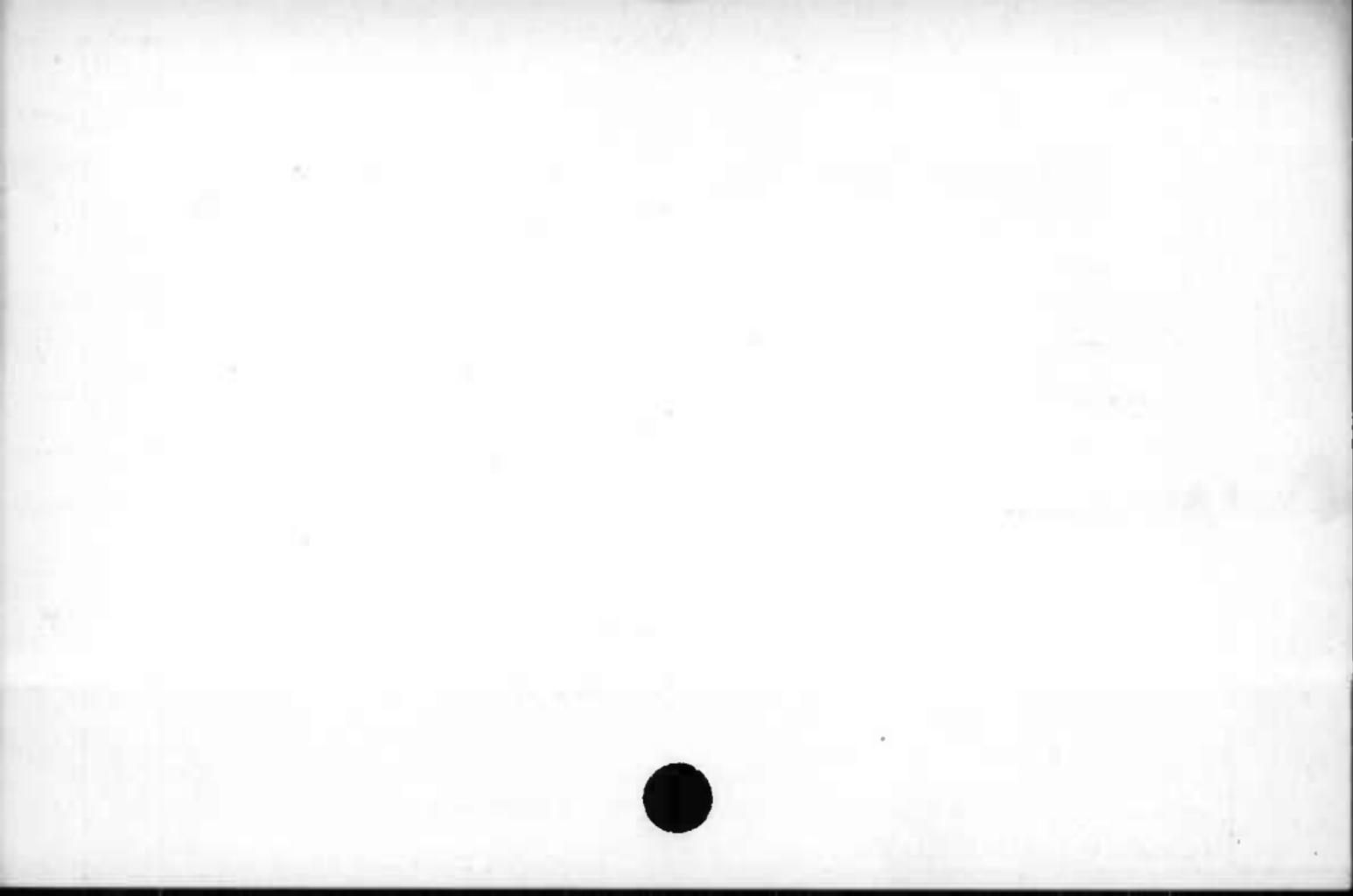
Yes

Signature of Physician

Address

G.W. Hickey
#22 Hudson St.

Accident or Suicide?



Name
in
Full

Frederick Sellmann.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hughenden	Baltimore	Months	Days	
Date of death	1906 Sept. 15	Age	1	20	
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Singer	Name of Wife or Husband			
Father's Name	Martin Sellmann	Father's Birthplace	Germany		
Mother's Maiden Name	Regina Mueller	Mother's Birthplace	"		
Name of person giving Information	Regina Sellmann	How related to deceased	Mother.		

CAUSES OF DEATH

Primary

Warrhea

105

How long

5da

Immediate

Exhaustion

How long

24 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jos. L. Gray M.D.

3 and 1/2

Night and day

Accident or Suicide?

n

Sacred Heart Cemetery

Sept. 16th 1906

Germanus Fransse

Under later

Name
in
Full

Mrs. M. Ada Sewage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	Sext	14	30 yr.	
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

PHYSICIAN
OR CORONER

I

CAUSES OF DEATH

Primary

Acute mania

(G)

How long

about a week

Immediate

Exhaustion from acute mania

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. R. White M.D.

Address

Catonsville

MD

Accident or Suicide?

E Madison Mitchell

Baltimore Cemetery

Name
in
Full

Elizabeth H Shortey

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND		
Died at	White Marsh	Baltimore				
Date of death	1906	Month 9	Day 1	Age 36	Years	Months
Sex	Female	Color or Race	White	Birth-place	Germany	
Occupation	House Keeper			Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband	Father's Birthplace	Germany
Father's Name	George Smith			Mother's Birthplace		
Mother's Maiden Name	Elizabeth Smith			How related to deceased	Father	
Name of person giving information	George Smith					

CAUSES OF DEATH

Primary

Dysentery

(14)

How long

weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John M. Harrison
Middle River
Baltimore, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Untermost Camp Chapel

Name
in
Full

Walter A. Shure

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	44	—	21
Occupation	Where Residing if not at place of death		Maryland		
Married, Single or Widowed	Name of Wife or Husband	Virginia Shure			
Father's Name	John Shure		Father's Birthplace	Maryland	
Mother's Maiden Name	Edna Fisher		Mother's Birthplace	Maryland	
Name of person giving Information	Virginia Shure		How related to deceased	Wife	

CAUSES OF DEATH

Primary

Aortic Insufficiency

19

How long

6 mos.

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. C. Shirey M.D.
1135 Highland Ave



Accident or Suicide?



Name
in
Full

Alex Sidney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Grange Balt.

Male beloved Balt. City

Single Grange

Thomas Sidney Va

Matilda Sidney Va

Matilda Sidney Mother

CAUSES OF DEATH

Primary	Marasmus.	(179)	How long	2 months
Immediate	diarrhoea		How long	1 month

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

P.G. Cunningham

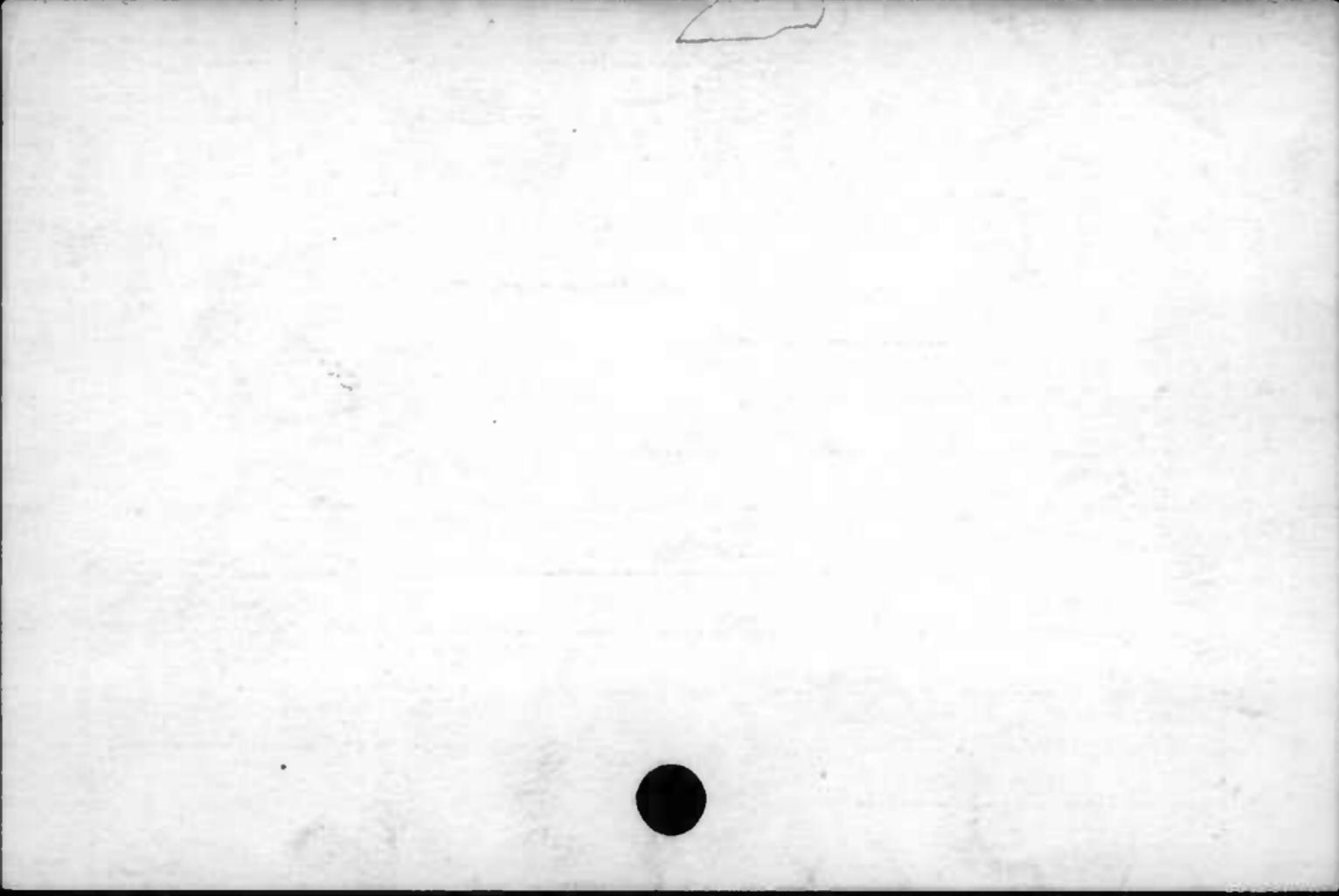
Address

203 Toonie St
Coroner

1
ACCIDENT OR SUICIDE

Accident or Suicide

Natural



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cockeysville		Town	County		MARYLAND	
Date of death	1906	Month Sept	Day 19	Years 20	Months 7	Days 9
Sex Female	Color or Race	Calomar		Birth-place Baltimore		
Occupation Cook		Where Residing if not at place of death		Cockeysville Md		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name George Thomas			Father's Birthplace Whittemore			
Mother's Maiden Name Annie E. Smith			Mother's Birthplace St Marys Co			
Name of person giving Information	Mrs Annie E Smith		How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Purpural Septicemia

(3)

19 days

Immediate Purpural Pneumonia

(3)

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr B. B. Bansen

Address

Cockeysville Md

1

Accident or Suicide?

Interment at foot
Cemetery Cockeysville
Sep 21st

W. C. Brook

I neglected slating
date on card yesterday
(Sep 19th)

Name
in
Full

Myrtie J Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Highlandtown		Balto.			
Date of death	Month	Day	Age	Years	Months Days
1906	9	5		1	3
Sex	Female	Color or Race	White	Birth-place	Cecil Co.
Occupation	None	Where Residing if not at place of death			#904 N. Clinton St.
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Smith		Father's Birthplace	Cecil Co.	
Mother's Maiden Name	Mary E Jackson		Mother's Birthplace	Cecil Co.	
Name of person giving information	James Smith		How related to deceased	Father	

CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 wks.

Immediate

Exhaustion

How long

..

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. A. Glantz
41 Eastern Ave. Et.

Address

PHYSICIAN
OR CORONER



Accident or Suicide?

J Herwig & Son

Jackson Station Cecil Co.

9 / 7 / 06

Name
in
Full

Charles Harold Snyder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Orangeville	Town	Baltimore	County	MARYLAND	
Date of death	1906	Month Sept	3	Day	Years	Months
Sex	Male	Color or Race	W	Birth-place	Orangeville	Days
Occupation				Where Residing if not at place of death	11	
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	William H. Snyder			Father's Birthplace	Pa.	
Mother's Maiden Name	Mary F. Francis			Mother's Birthplace	Indiana	
Name of person giving information	W.H. Snyder			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Asphyxia Pallidus

How long

Since birth

(5)

Immediate

Broken Brupusamus

How long

Are the name, age, sex, color, date and place correctly given above?

no

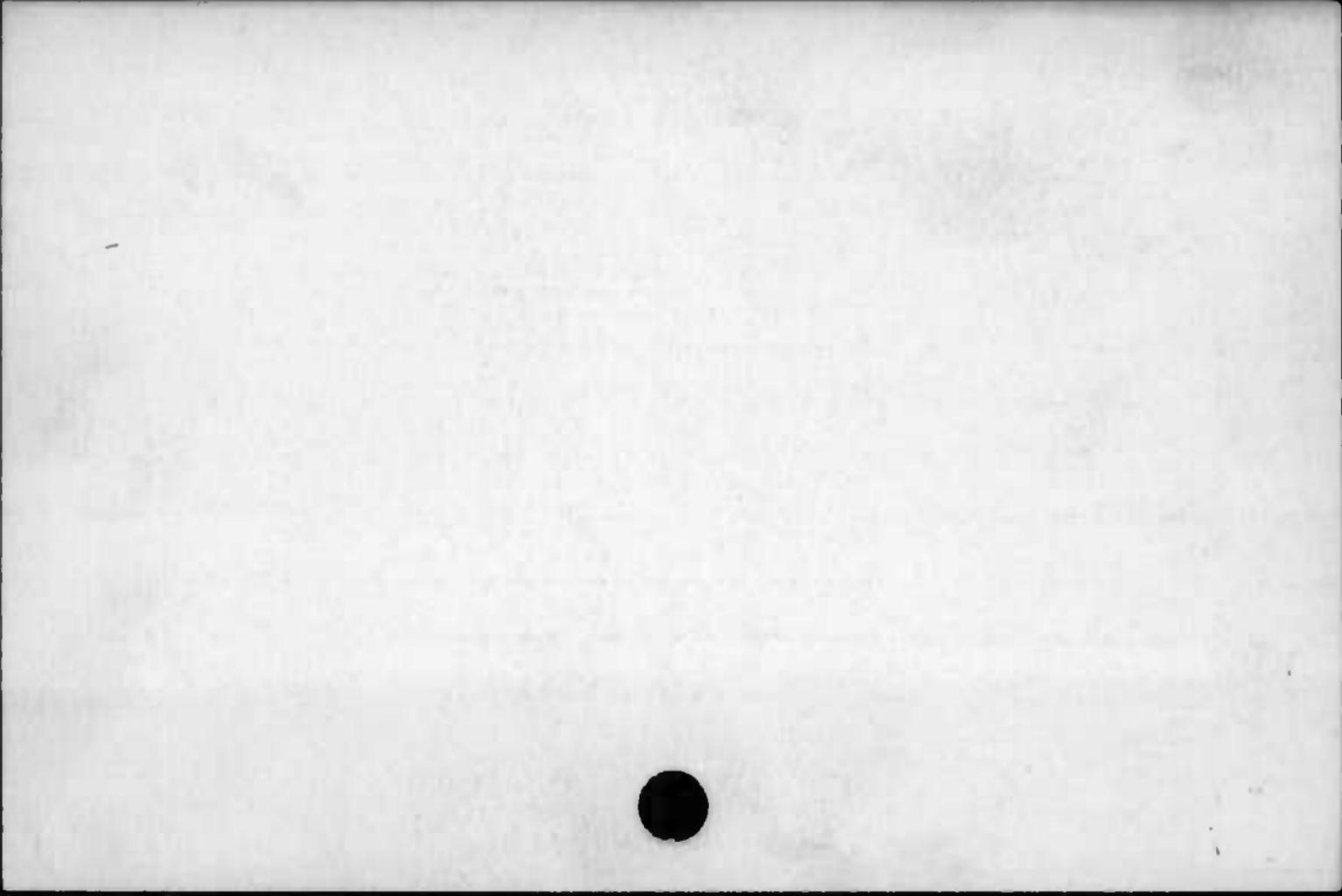
Signature of Physician

Address

George Blunt Blades
17376 Bayway

1

Accident or Suicide?



Name
in
Full

Mary G. Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

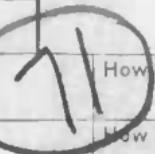
Died at	Town	County	MARYLAND	
Died at	Picayville	Baldo	Months	Days
Date of death	Month	Day	Years	
1907	Sept	12 th	—	1 14
Age				
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Elbridge Snyder			
Mother's Maiden Name	Marianne Keck			
Name of person giving information	E. Snyder			
	How related to deceased			
	Father, Father.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infantile Convulsions



How long

1 week

Immediate

Paralysis

How long

same

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. C. Smith
Woodlawn - St. Louis



Accident or Suicide?

Ridge Cemetery
Jos Cook

Name
in
Full

Francis P Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sheppard & Enoch Pratt Hosp		Town Towson	County Baltimore	MARYLAND	
Date of death	1906	Month Sept	Day 16	Years 63	Months 11 Days 12
Sex M	Color or Race wh	Birth-place Mass			
Occupation Attorney at Law	Where Residing If not at place of death Baltimore				
Married, Single or Widowed Married	Name of Wife or Husband Mrs Francis P.				
Father's Name Samuel	Father's Birthplace Mass				
Mother's Maiden Name Martha Osgood	Mother's Birthplace Mass				
Name of person giving Information	How related to deceased Physician				
Ed Brush	Physe				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fatty degeneration of heart + chronic Bright's

How long —

Immediate

Cardiac Paroxysms

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Ed Brush

Address

Sheppard & Enoch Pratt Hosp

1
Accident or Suicide?

Place of Burial
Greenmount Cemetery

Stuart & Mowen Co
Baltimore Md

Name
in
Full

Sarah Francis Stevens

CERTIFICATE OF DEATH

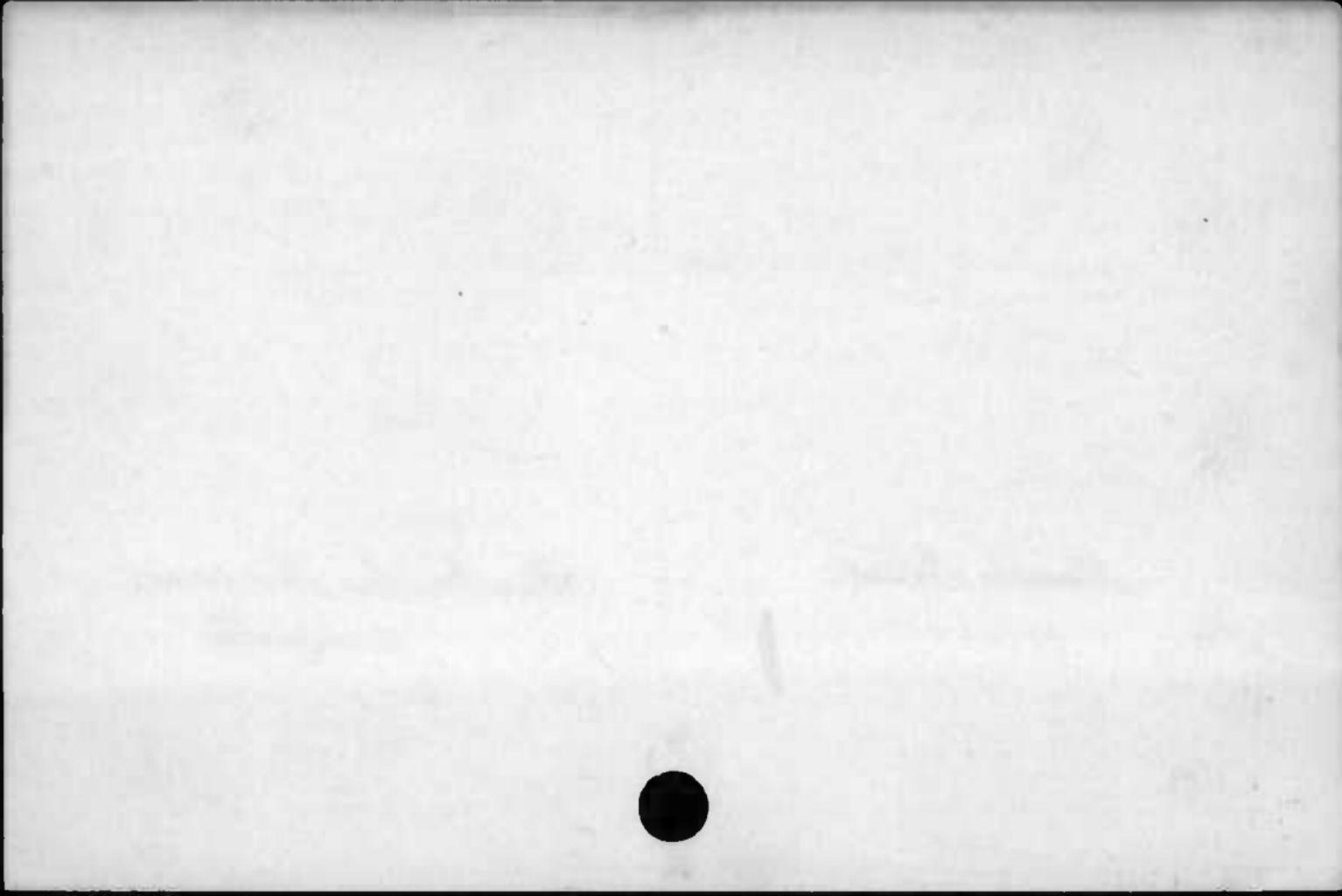
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Catonsville	Baltimore City.		
Date of death 1906	Month September	Day 14	Years 56
Age	Months 3	Days 6	
Sex Female	Color or Race White	Birth-place Baltimore City.	
Occupation Housewife	Where Residing if not at place of death Catonsville		
Married, Single or Widowed married	Name of Wife or Husband William G. Stevens		
Father's Name Elmore A. Wilson	Father's Birthplace Frederick City.		
Mother's Maiden Name Mary E. Hart	Mother's Birthplace Baltimore City		
Name of person giving information William G. Stevens	How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Sarcoma perioris	How long 18 months
Immediate Endocarditis General debility.	How long 3 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. A. L. A. Sawyer
	Address 1618 Madison Ave.
Accident or Suicide?	Baltimore City.



Name in Full

Mrs Fredericka Stein

Certificate of Death

Died at Theberville 2nd Dist. Town Baltimore County MARYLAND
 Date 1906 Month Sept Day 19 Y. 85 M. 5 D. 29 Native of Germany
White Sex Female Age 5 Occupation Housewife
Married Status Widow
Colored Race Single Widower Divorced
Single Number of children living 5

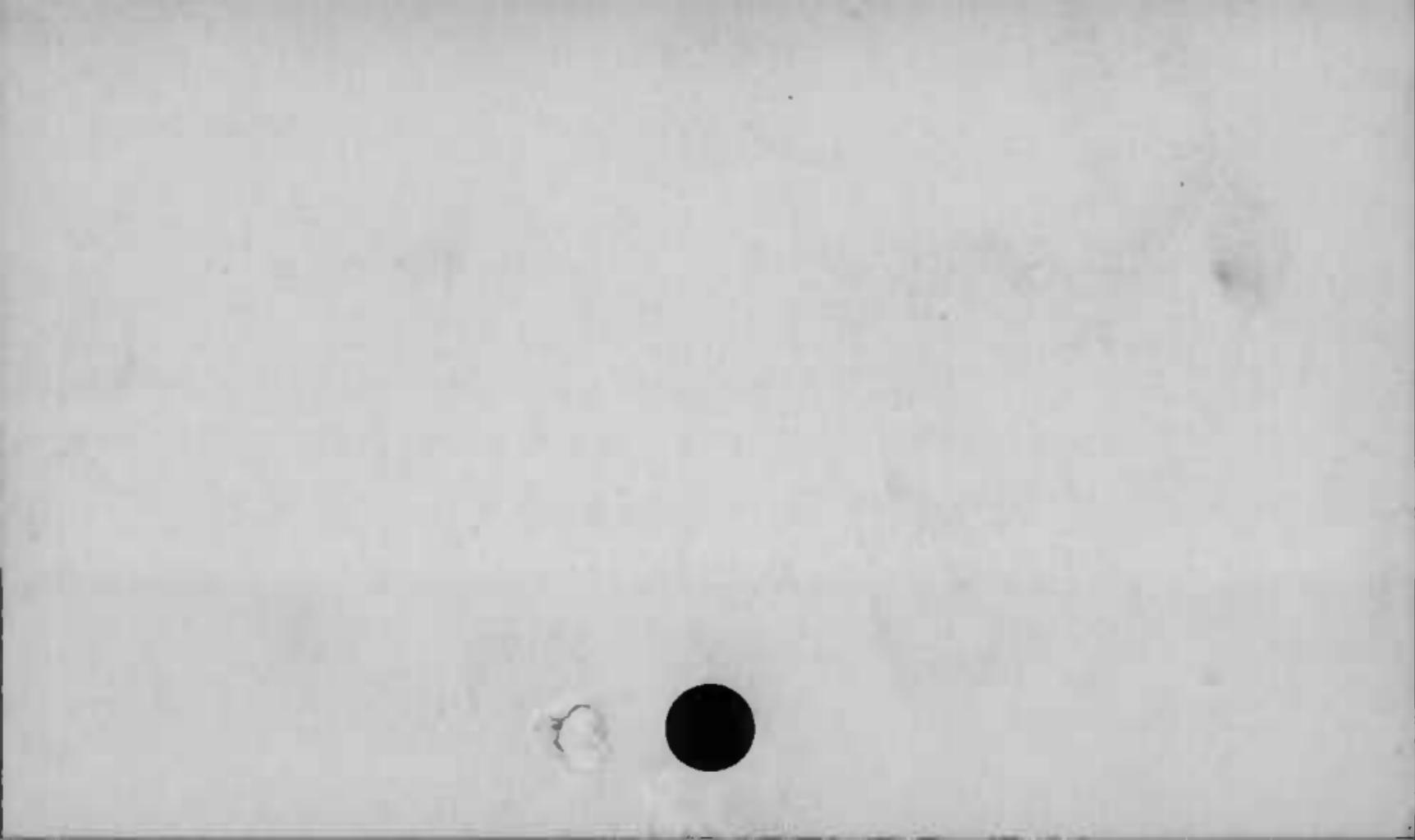
of Wife Louis Stein

Father's Name Louis Stein Mother's Maiden Name Fredericka Kummer
 Cause of Death Senility Primary Asthenia How long sick 154 months 2 months
Immediate Accident, Suicide, Homicide

Reported by W.B. Gambrill, M.D.

Address Alberton Howard Co., Md.

 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Owen McSweeney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Calmerville</u>	County <u>Baltimore</u>	MARYLAND		
Date of death	Month <u>1906 Sept</u>	Day <u>8</u>	Age	Years	Months
Sex	<u>Male</u>	Color or Race <u>W</u>			Days
Occupation	Where Residing if not at place of death <u>Calmerville</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Daniel Sweeney</u>				
Father's Name	Father's Birthplace <u>Limerick Ireland</u>				
Mother's Maiden Name	Mother's Birthplace <u>Mary O'Brien</u>				
Name of person giving Information	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary
Failure of Foramen Oval to close

How long
→

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. W. Mattfeldt
Calmerville MD

1

Accident or Suicide?



Name
in
Full

Children of Geo. W. & Barbara Swope

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Males	Color or Race	Age	Birth-place	
Occupation			Where Residing if not at place of death	247 Lansing Ave	
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Balto.	
Father's Name	Geo. W. Swope		Mother's Birthplace	" "	
Mother's Maiden Name	Barbara Kutschenthaler		How related to deceased	Father	
Name of person giving information	Geo. W. Swope				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Mrs Caroline Betz
912 E. Lombard St. E.H.

Accident or Suicide?

J. Henwig & Son
St. Alphonsus Lem.

9/2/06

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER

Mary E. Tanner

CERTIFICATE OF DEATH

Died at <u>Rolland Park</u>		<u>Ballo-</u> County	MARYLAND		
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>16</u>	Years <u>81</u>	Months <u>1</u>	Days <u>22</u>
Sex <u>female</u>	Color or Race <u>white-</u>	Birth-place <u>Ballo-</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Separated, or Widowed	Name of wife or Husband <u>Benjamin Tanner</u>				
Father's Name <u>Sam'l. Dryden</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Sabina Brownson</u>	Mother's Birthplace <u>Ballo-</u>				
Name of person giving information <u>Florence Tanner</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

Primary <u>General debility of aged</u>	<u>54</u>	How long <u>6 mos</u>
Immediate <u>Dilation of Heart + collapse</u>		How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John H. Geddes, M.D.</u>	
	Address <u>#800 1st - 602</u>	
Accident or Suicide?		

9

Chas E Franck
746 N Euclid

to Greenmount Cm.

Name
in
Full

Kate Taylor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	8	7	62	-	-
Sex	Female	Color or Race	W.	Birth-place	Wilmington
Occupation	Housework	Where Residing if not at place of death			
Married, Single or Widowed	M.	Name of wife or Husband	237 Clairmont St. Chas. A. Taylor		
Father's Name	— ✓			Father's Birthplace	✓
Mother's Maiden Name	✓			Mother's Birthplace	✓
Name of person giving Information	Chas A. Taylor			How related to deceased	Husband.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

10A

How long

30 minutes

Immediate

Paralysis of heart

How long

30 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. C. Schufeld

Highlandtown

I

Accident or Suicide?

Herrig & Son
Wilmington Del.

9/8/06

Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

Louisa D. Thontor

CERTIFICATE OF DEATH

Died at <u>Sheppard</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sep</u>	Day <u>13</u>	Age	Years	Months	Days
Sex <u>Female</u>	Color or Race	<u>Col</u>		Birthplace <u>Sheppard</u>		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Matthew Thontor</u>		Father's Birthplace <u>Ia</u>			
Mother's Maiden Name	<u>Hattie J. Washington</u>		Mother's Birthplace			
Name of person giving information	<u>Father</u>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

Immediate

Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

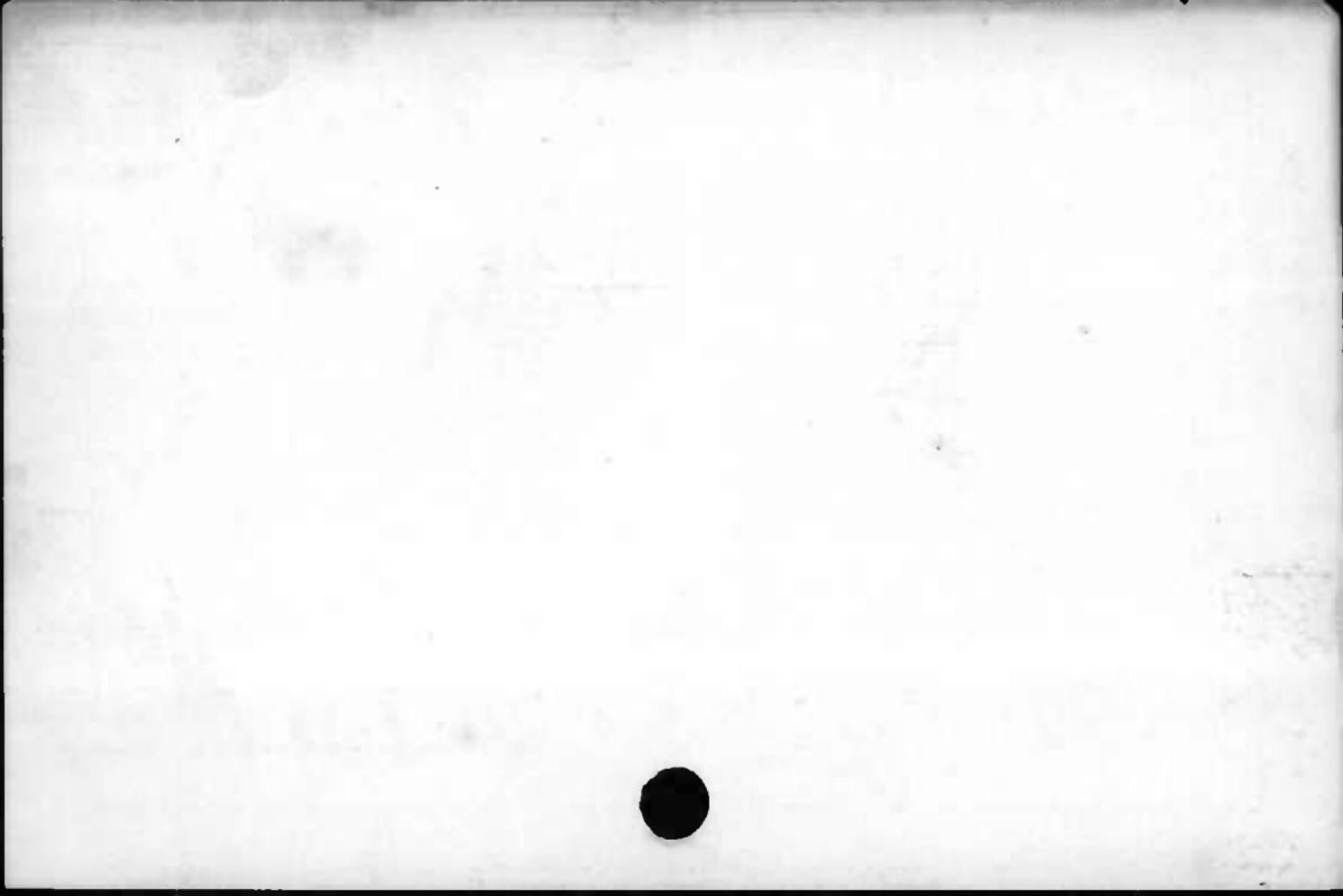
Yes

Signature of Physician

Address

J. J. Payne

Accident or Suicide?



Name
In
Full

Infant Tobin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Soreley	Town	County	MARYLAND		
Date of death	1906	Month 9	Day 13	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Soreley	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Harford Co	
Father's Name	Harry Tobin			Mother's Birthplace	"	
Mother's Name	Anna Tobin			How related to deceased	Father	
Name of person giving information	Harry Tobin					

CAUSES OF DEATH

Primary

Cholera Infantum

105 How long
How long

Six Days

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. C.W. Gilbert
Soreley, Md



Accident or Suicide?

no

Interim Camp Chapel

Name
in
Full

August Gribull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at <u>North Point</u> <small>Town</small>	<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept.</u>	Day <u>15th</u>	Years <u>Age 41</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Germany</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Pauline Gadevaski</u>			
Father's Name <u>John Gribull</u>	Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Mary Ann Mosse</u>	Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Mary Marick</u>	How related to deceased <u>sister</u>			

CAUSES OF DEATH

Primary

(Phthisis is) Tuberculosis of lungs

How long

After 8 m. os.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

H. M. Cohen.

Address

1607 E. Baltimore St.
Balto. Md.

Accident or Suicide?

Sacred Heart Cemetery

Sept. 19th 1906

Germanus Hanee

Undertaker

Name in Full

Certificate of Death

Sarah Eliza Turner

Town <i>Picerville</i>	County <i>Baltimore</i>	MARYLAND			
Died at	Month 9	Day 29	Y. M. D.	Native of <i>Maryland</i>	Occupation
Date 1906	Age 72		Widow	Widow	
Male	Married		Widower		Number of children living <i>one</i>
Female	Colored				

Husband of

Wife *Geo. G. Turner*Father's Name
Wm Sherman

Mother's

Maiden Name

Cause of

Primary

Cerebral

How long sick

4 month

Death

Immediate

Emphysema

Accident, Suicide, Homicide

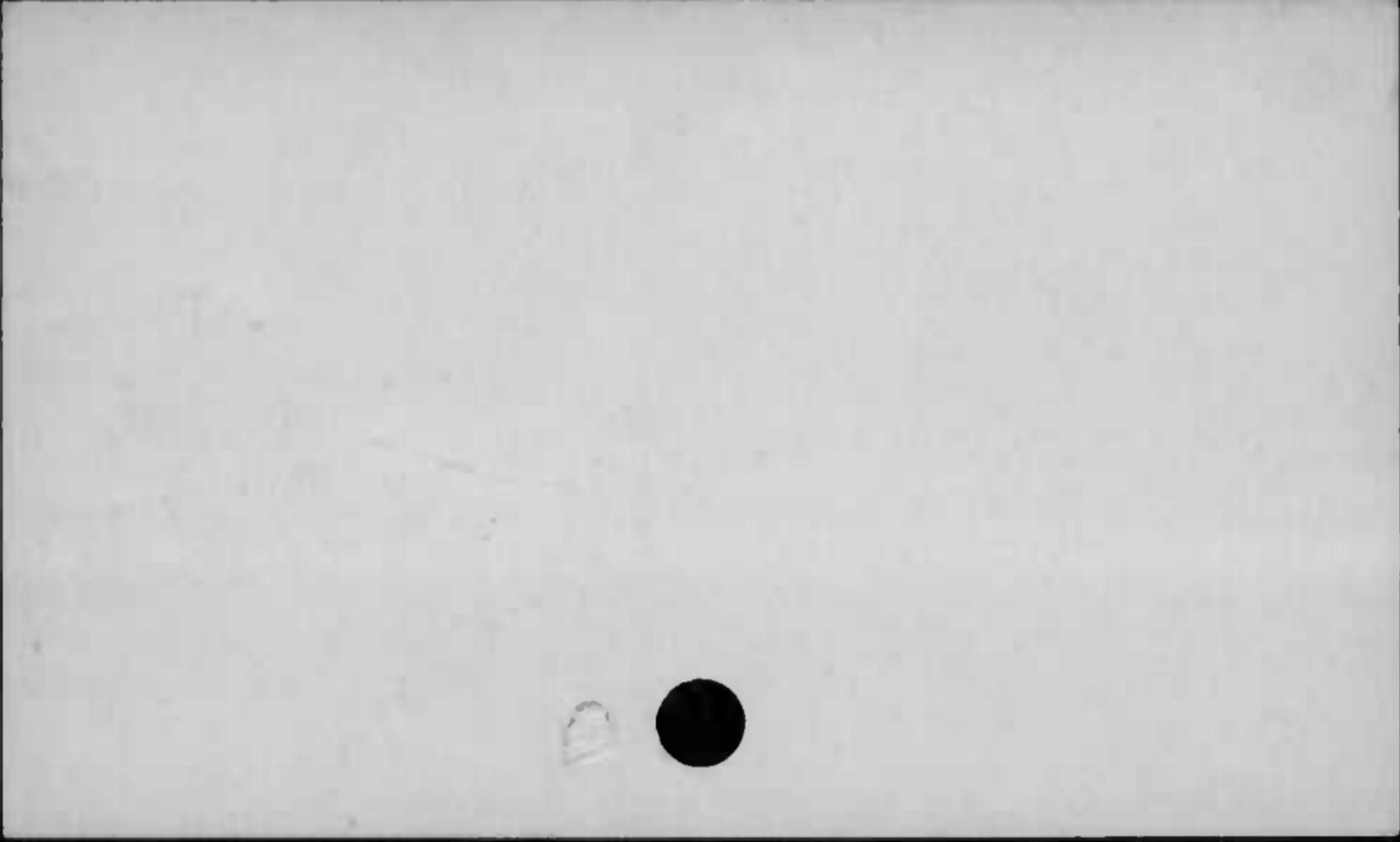
Reported by

R. W. Sherman, M.D.

Address

Glencoe End

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John C Wake

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Sep	16	80	10		
Sex	Male	Color or Race	White	Birth-place	Va	
Occupation	Sale Maker					
Married, Single or Widowed	Name of Wife		Where Residing if not at place of death	Fullerton 3rd		
Father's Name	Mary E Wake					
Mother's Maiden Name	Margreth Carter					
Name of person giving information	Mary E Wake					

CAUSES OF DEATH

Primary	Cerebral Hemorrhage,	
Immediate	Failure of Vital Forces	
Are the name, age, sex, color, date and place correctly given above?		
To best of my Knowledge		
Accident or Suicide?		
Signature of Physician		Lingard Devitford
Address		Fullerton, Md



Name
in
Full

Ellanora F. Walsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race		Age		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	Alma F. Walsh		How related to deceased		

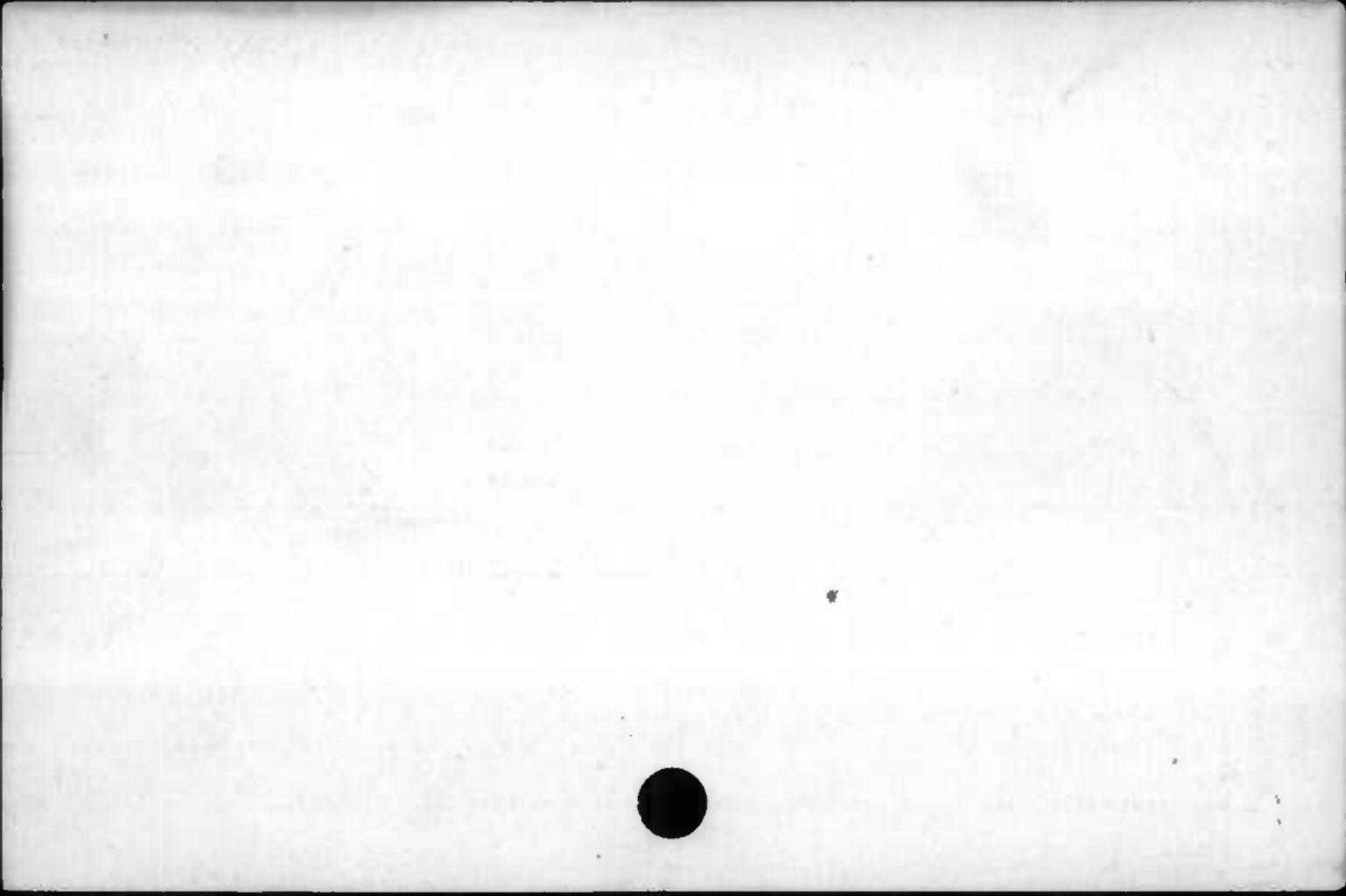
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(119)

(119)

CAUSES OF DEATH

Primary	Inanition	How long	8 weeks
Immediate	Exsanguination	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. J. Barratt and
		Address	1631 Madison Avenue Baltimore, Maryland
Accident or Suicide?			



Name
in
Full

Mrs Mary Ward.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	St Agnes Hospital		County	Baltimore	
Date of death	Month	Day	Years	Age	Months	Days
1906	Sept.	1	69	69	—	—
Sex	Female	Color or Race	White	Birth-place	Ireland	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	Michael Flynn.			Father's Birthplace	Ireland	
Mother's Maiden Name	Brigid Hanly.			Mother's Birthplace	"	
Name of person giving information	Rev. M. F. Foley			How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Pulmonary Obstruction

How long

Three years.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

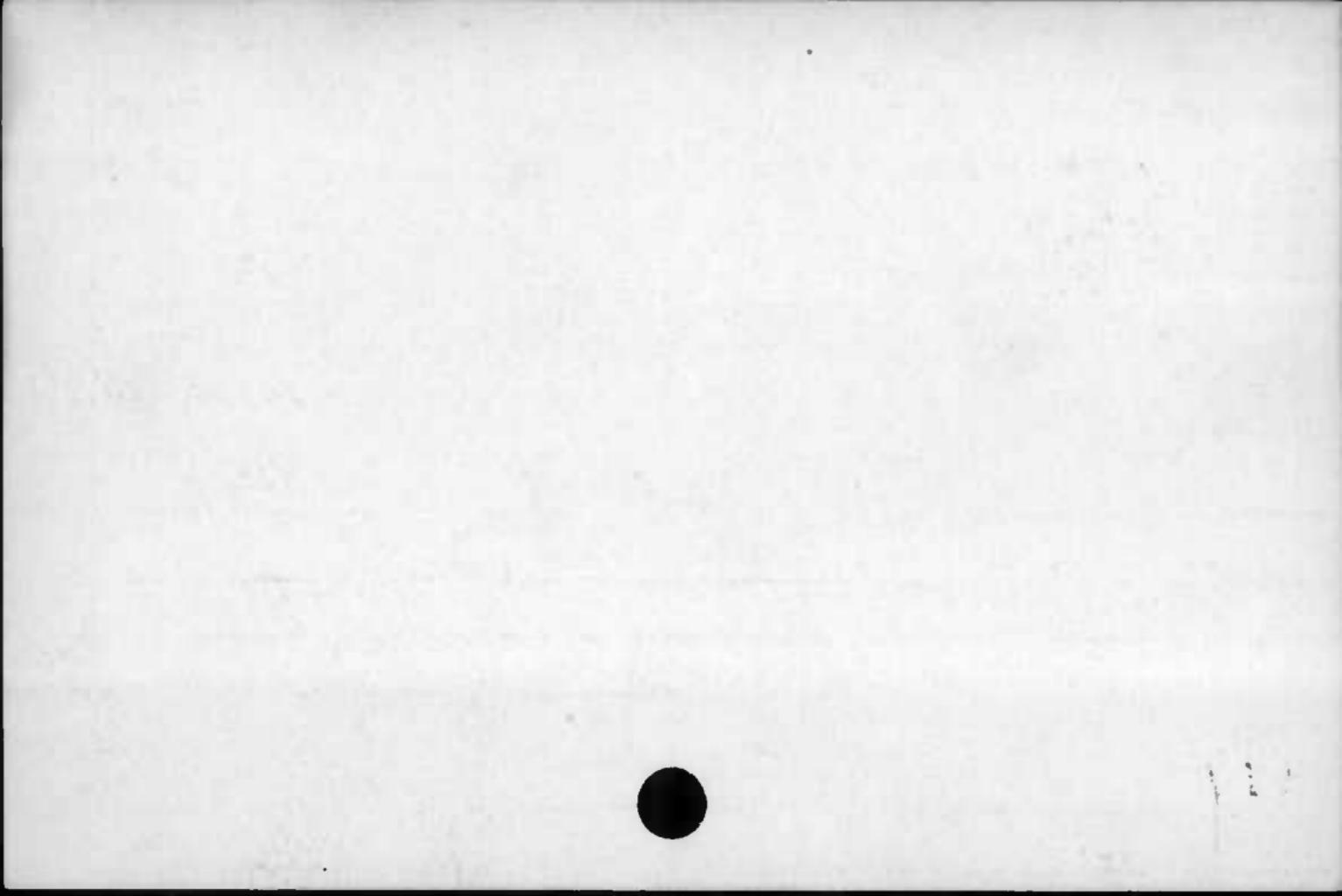
Signature of Physician

Address



Accident or Suicide?

J.W. Shaw.
St Agnes Hospital
Baltimore



James O'Brien Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tunxis Station</u>		Town	County <u>Beth. Co</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>15</u>	Age <u>28</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place <u>Ana</u>	—	
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>Tunxis Station</u>			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name				Father's Birthplace	—	
Mother's Maiden Name				Mother's Birthplace	—	
Name of person giving Information	<u>Araas Hundreds</u>			How related to deceased	<u>son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

OR 1

Primary

Pneumonia

How long

3 months

Immediate

Heart Failure

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

yes

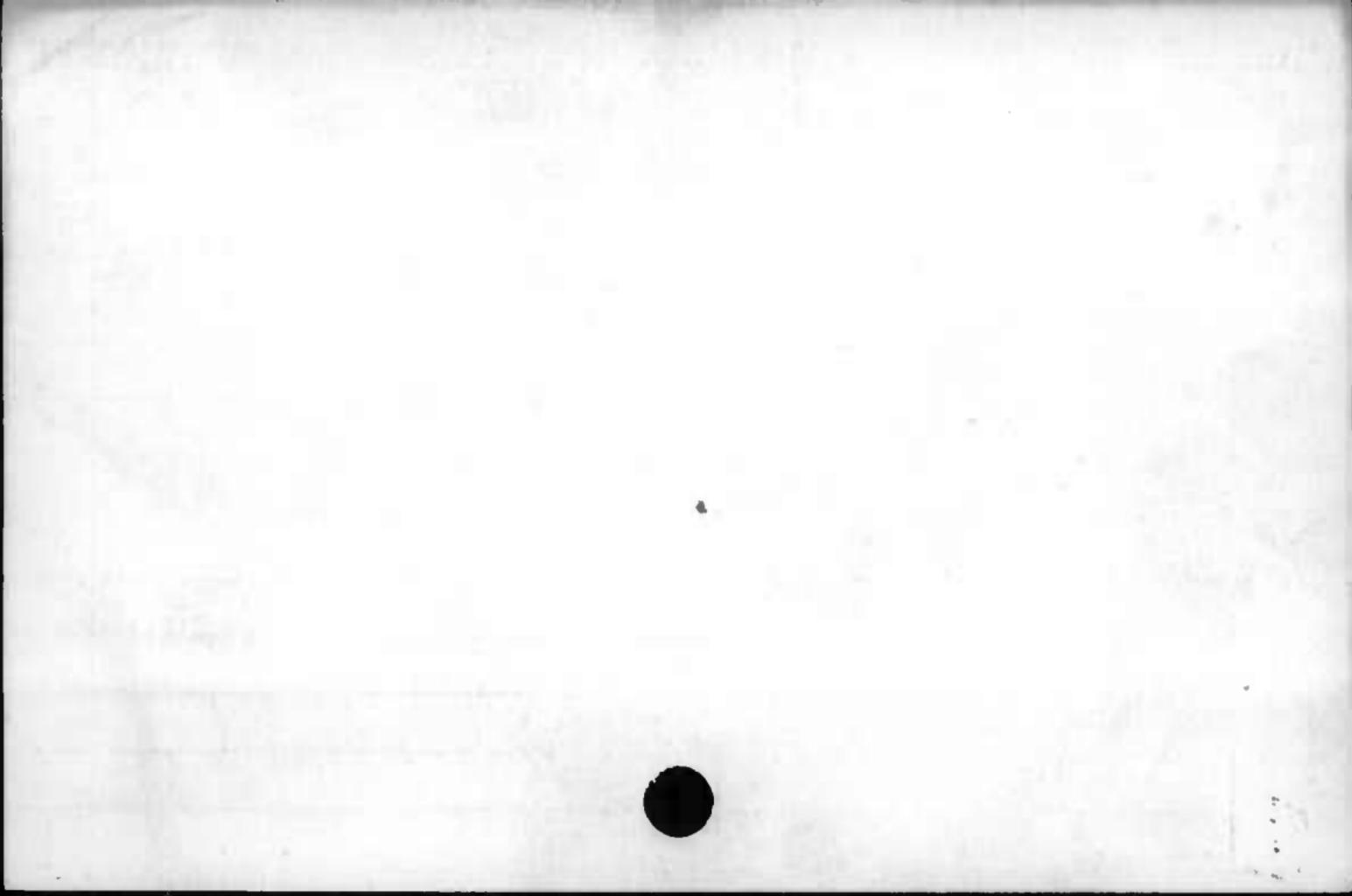
Signature of Physician

J. H. Fowler

Address

712 S. Sharp St

Accident or Suicide?



Name
in
Full

Ada Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

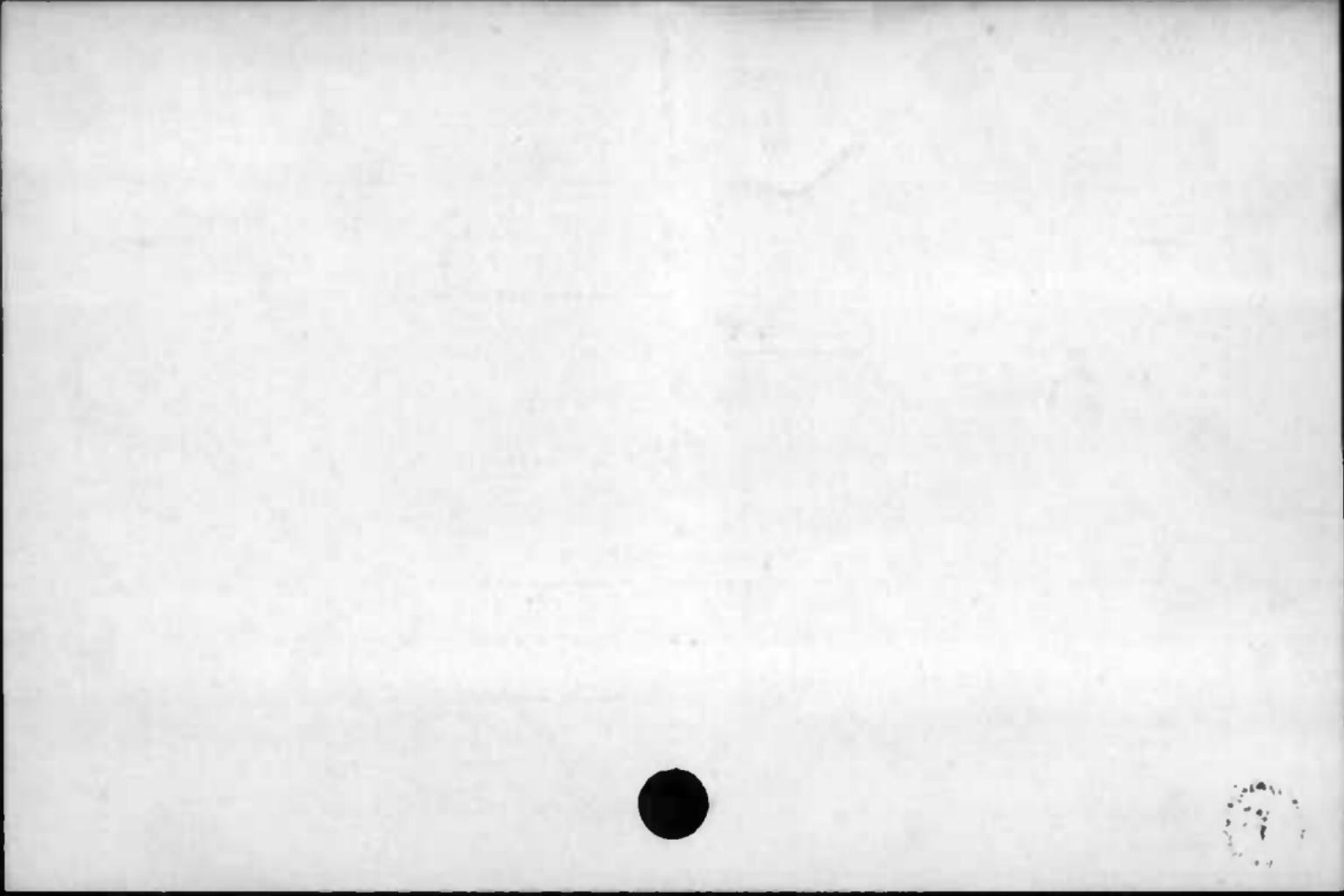
Died at <u>North Point Road</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1904</u>	Month <u>Sept.</u>	Day <u>20</u>	Age	Years	Months
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Pa</u>			Days <u>20</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long <u>48 hours.</u>
Immediate	<u>Exhaustion</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>F.C. Elmer M.D.</u>
		Address <u>Spurred Point</u>
Accident or Suicide?		

1



Name
in
Full

Infant not named Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			✓
Married, Single or Widowed	✓	Name of Wife or Husband	✓	
Father's Name	Helen Williams			md
Mother's Maiden Name	Elly May Field			md.
Name of person giving information	Helen Williams			Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Ingestion

How long

one week

(15)

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

JES

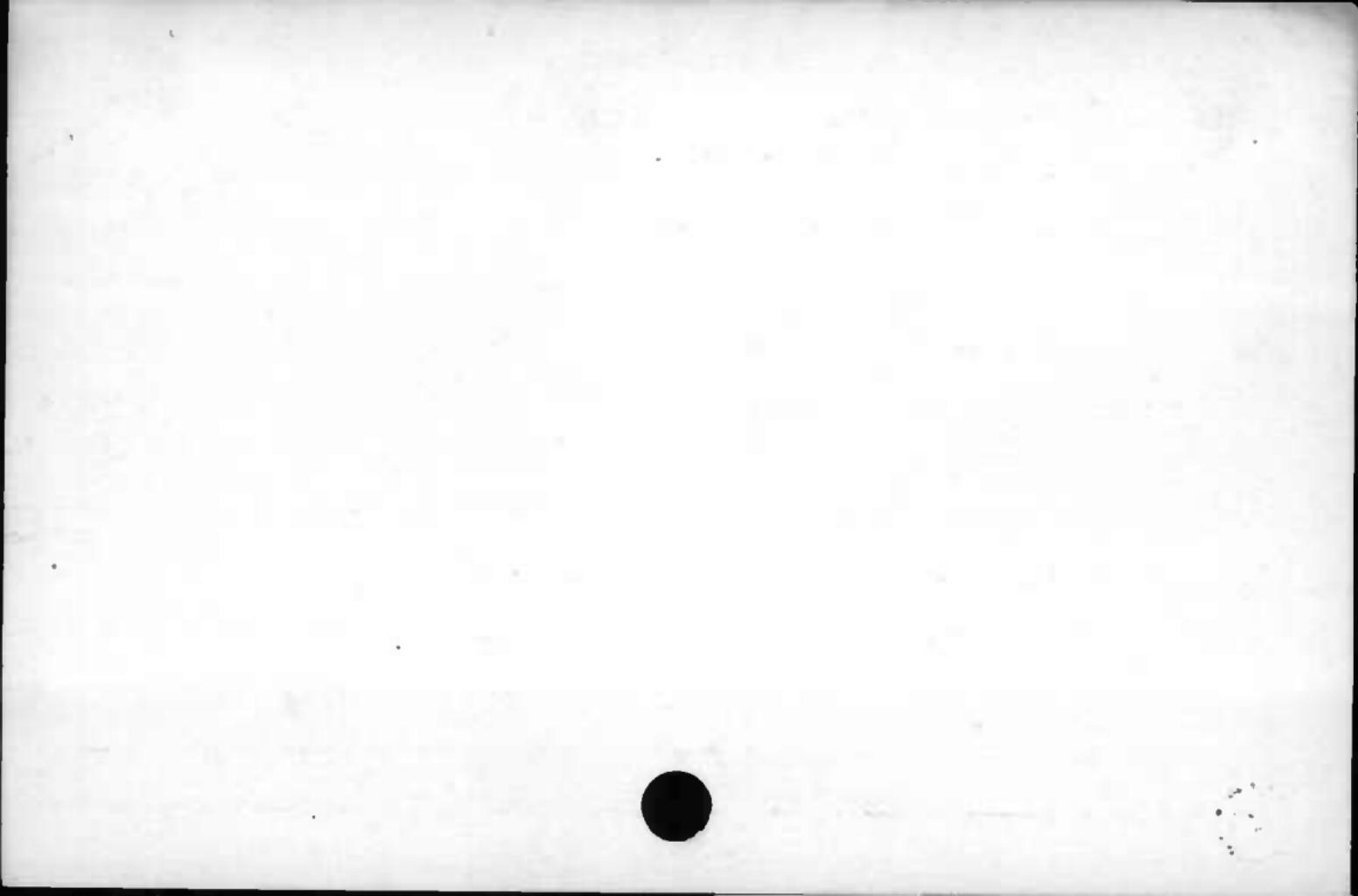
Signature of Physician

Address

J F Garsuch
Fox Md -

1

Accident or Suicide?



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Block	Birth-place	Virginia
Occupation	Domestic housework		Where Residing if not at place of death	Resided at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Williams		
Father's Name	Colsey Hughes		Father's Birthplace	Virginia	
Mother's Maiden Name	None not known		Mother's Birthplace	Virginia	
Name of person giving Information	Mrs W H Simon		How related to deceased	Employee no relation	

CAUSES OF DEATH

Primary	Tuberculosis		How long	eight months
Immediate	"		How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Arthur Williams	
Yes		Address	Elk Ridge Maryland	
(1) Accident or Suicide?				
no				

Geo. W. Little

Mr Auburn
Owensby

Name in Full

Certificate of Death

Died

Town

Month

Day

County

MARYLAND

Date

1986

Y.

M.

D.

Native of

Occupation

Male

Female

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Name

Primary

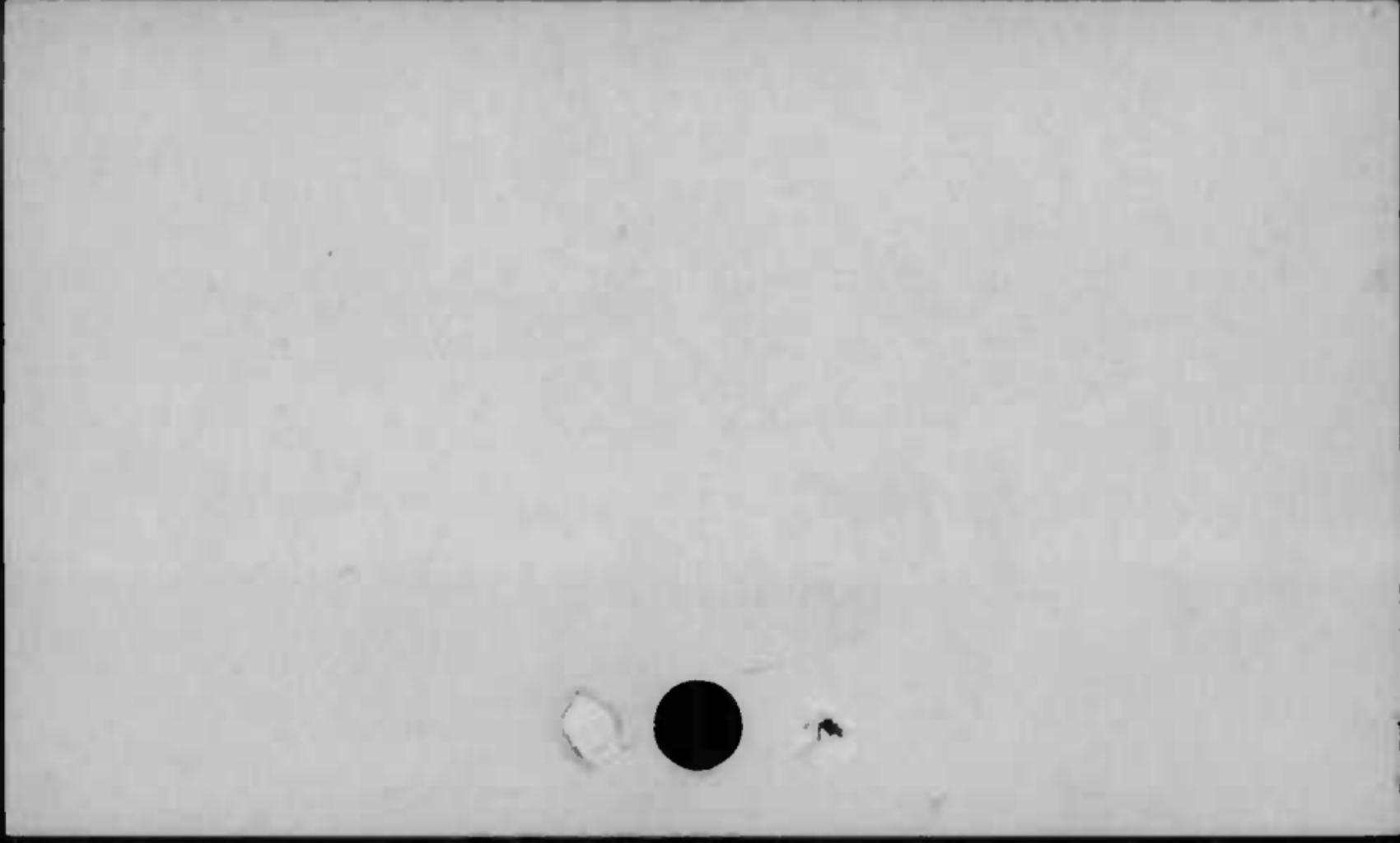
Immediate

John E. Shy

Beside Cumby Stage
How long sick
3 weeks

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



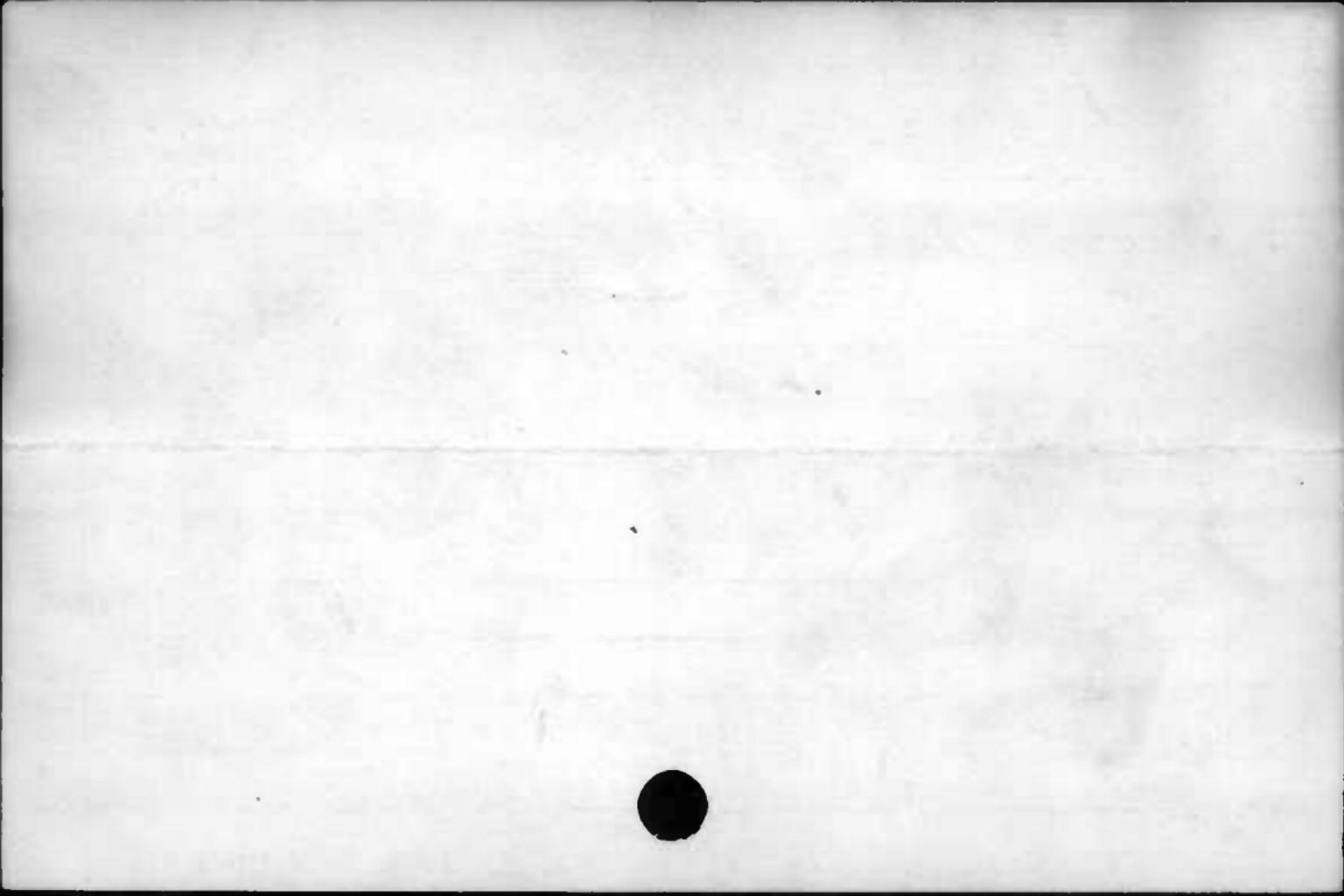
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



<i>Joshua Wright</i>					CERTIFICATE OF DEATH		
Died at		Town			Count		
Date of death	Month	Day	Years		Months	Days	
Sex	Color or Race	Age	52				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		<i>Jennie Morton</i>				
Father's Name							Father's Birthplace
Mother's Maiden Name							Mother's Birthplace
Name of person giving Information	<i>daughter Ella Wright</i>						How related to deceased
CAUSES OF DEATH							
Primary	<i>Carcinoma of liver</i> (40) How long 6 months						
Immediate	<i>Dilatation of heart</i> 2 days How long						
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		<i>B.W. Bernstein</i>				
	Address		<i>Glenview Ind.</i>				
Accident or Suicide?							



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Mt Hope</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906 Sept 22nd</u>	Month	Day	Years <u>40</u>	Months	Days	
Sex <u>Male</u>	Color or Race	<u>white</u>				
Occupation	Where Residing if not at place of death <u>Bellevue 2nd</u>					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband	<u>unknown</u>				
Father's Name	<u>unknown</u>					
Mother's Maiden Name	<u>"</u>					
Name of person giving information	<u>Reed & Spaulding</u>					

CAUSES OF DEATH

Primary

Leprosy

How long

about 4 yrs

How long

Immediate

Syphilitic

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank J. Flannery
Sub Registrar -

Accident or Suicide?

